| Form | 990 |
|------|-----|
| | |

Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

Department of the Treasury

▶ Do not enter Social Security numbers on this form as it may be made public. ▶ Information about Form 990 and its instructions is at www.irs.gov/form990.

G Open to Public

OMB No. 1545-0047

| | | ne 2020 | | dar | year, or t | | | inning | | | | | and en | | | | 06 | 5/30 ,20 | 21 | |
|--------------------------------|----------------|---------------|---------------|---------|------------------------|---------|---------------|----------------------------------|-----------|---------------|--------------|---------|-----------|-------------|-------|-----------------------------------|--------|------------------|--------------|-------------|
| | | | C Name | e of o | rganization | | | | | | | | | | | D Employer id | entifi | cation num | ber | |
| Bc | heck if ap | | NEW | I YO | ORK FOU | NDA | TION H | FOR THE | ARTS | INC | • | | | | | | | | | |
| | Addre chang | | Doing | Busi | ness As NY | TA | | | | | | | | | | 23-712 | 956 | 4 | | |
| | Name | e change | Numb | per a | nd street (or | P.O. | box if mail i | s not delivered | to street | addres | s) | 1 | Room/su | te | | E Telephone r | | | | |
| | Initial | l return | | | Y STREE | | | | | | | | 740 | | | (212) 36 | 6 - 6 | 5900 | | |
| | - | inated | - | | | | - | and ZIP or for | reign pos | tal code | e | | | | | | | | | |
| | Amer returr | n l | | | LYN, NY | | | | | | | | | | _ | G Gross receip | | | 1 | ,129. |
| | pendi | cation ing | | | address of p | | | MICH | | | | | | | ' | H(a) Is this a gro subordinate | | urn for | Yes | XNC |
| | | | | | | 174 | | OOKLYN, | | | | | | | '' | H(b) Are all subor | | | Yes | No |
| <u> </u> | | empt sta | | | 501(c)(3) | | 501(c) (|) 🗲 (ii | nsert no. |) | 4947(a | a)(1) o | r | 527 | _ | | | st. (see instruc | tions) | |
| | | · · | | | A.ORG | | | | | | | | | | | H(c) Group exem | | | | NT37 |
| | | - | | A | Corporation | | Trust | Association | 0 | ther 🕨 | • | | L Ye | ar of forr | matio | on: 1971 M | State | e of legal do | micile: | NY |
| Ρ | art | | nmary | | | | | | | - 41- 141 - 1 | . <u>т</u> О | FMD | | λρττ | פידים | AT CRIT | ידרי | | ידכ י | |
| 0 | 1 | | | | e organizat CIVE LI | | | or most signi | ificant a | ctivities | s: 10 | | | | | | | | | |
| nce | | | | | | | · | | | | | | | | | | | | | |
| erná | 2 | Check | this ho | | if the | | | discontinue | | | | | d of more | | 5% | of its net asset | | | | |
| Governance | | | | | | - | | g body (Part | | | | | | | | | 3. | | | 20. |
| | | | | • | | | 0 | the governi | - | · · | | | | | | | 4 | | | 20. |
| Activities & | | | | | | | | lendar year 2 | | | | | | | | | 5 | | | 28. |
| ti | | | | | olunteers (e | | | ` | | | | | | | | | 6 | | | 23. |
| Ac | | | | | | | | VIII, column | | | | | | | | | 7a | | | 0 |
| | | | | | | | | n Form 990-T | | | | | | | | | 7b | | | 0 |
| | | | | | | | | | | | | | | | | Prior Year | | Cur | rent Ye | ear |
| Ð | 8 | Contrib | outions | and | grants (Par | t VIII, | line 1h) | | | | | | | $\neg \Box$ | | 9,206,4 | | 9 | ,865 | 6,492 |
| Revenue | 9 | | | | | | | | | | | COPY | | | | 1,377,3 | | 1 | | ,202 |
| Sev | 10 | | | | | | | nes 3, 4, and | | | POBL | | SPECTIO | | | 58,7 | | | | 5,459 |
| | 11 | Other I | revenue | e (Pa | art VIII, colu | umn (| (A), lines § | 5, 6d, 8c, 9c, | 10c, an | d 11e) | | | | | | 23,3 | | | | 1,114 |
| | 12 | | | | | | | st equal Part | | | , | , | | | 1 | L0,665,98 | | | | ,267 |
| | 13 | | | | | | | olumn (A), lin | | | | | | | | 6,825,04 | | 6 | ,679 | ,665 |
| | 14 | | | | | | | umn (A), line | | | | | | | | 0 000 0 | 0. | 1 | -025 | 0 |
| ses | 15 | Salarie | es, othe | r co | mpensatior | n, em | ployee be | nefits (Part I) | K, colum | ın (A), | lines 5- | 10) | | • • | | 2,302,68 | | 1 | ,935 | 5,489 |
| Expenses | 16a | Profes | sional f | undı | aising fees | (Part | IX, colum | nn (A), line 11 (D), line 25) | le) | • • • | E 2 0 | 0.5.5 | | •• | | | 0. | | | 0 |
| Ĕ | | | | | | | | | | | | | | | | 1,425,94 | 16 | 1 | 065 | ,276 |
| | 17 | Other e | expens | es (F | art IX, colu | imn (. | A), lines 1 | 1a-11d, 11f- | 24e) | \ line ' | | • • | | •• | | L0,553,6 | | | | ,430 |
| | | | | | | | | al Part IX, col | | | | | | •• | | 112,3 | | | | ,837 |
| nc Se | 19 | reven | | expe | 511385. OUD | udül | | m line 12 | | <u></u> | | | | | ainni | ing of Current | | | of Yea | |
| ets (| 20 | Total a | ssete /[| Part ' | X line 16) | | | | | | | | | | 3 | 9,170,80 | | | | ,392 |
| Net Assets or Fund Balances | 21 | | | | | | | | | | | | | •• | | 4,768,90 | | | | 2,007 |
| Net | 22 | | | | | | | 21 from line 2 | | | | | | | | 4,401,84 | | | | ,385 |
| | rt II | | nature | | | | | | | | <u></u> | | <u></u> | | | | | | | |
| | | | | | | | | | | | | | | | | d to the best o | fmy | knowledge | and be | lief, it is |
| tru | e, corre | ect, and c | complete | . Dec | claration of p | repare | er (other tha | an officer) is ba | ased on | all infor | mation c | of whic | h prepare | er has an | y kno | owledge. | | | | |
| _ . | | | | | | | | | | | | | | | | | | | | |
| Sig | | | Signatur | e of c | officer | | | | | | | | | | | Date | | | | |
| He | re | | | | | | | | | | | | | | | | | | | |
| | | 1 | Type or p | orint | name and title | e | | | | | | | | | | | | | | |
| Paie | 4 | Print/T | ype pre | parer | 's name | | | Preparer's | signature | • | | | Date | | | Check | if | PTIN | | |
| | a parer | AARC | N S | | PIRO | | | | | | | | | | | self-employ | | P0133 | | |
| | Only | Firm's | | - | BKD, LI | | | | | | | | | | I | Firm's EIN 🕨 | | 016026 | | |
| | | Firm's | | · · · · | | | | RICAS #1200 | | | | 36 | | | 1 | Phone no. | 212 | 2.867.4 | | |
| | | | | | | • | • | wn above? (s | | uctions | s) | | | | | <u></u> . | | | es | No |
| For | Pape | rwork F | Reducti | ion A | Act Notice. | see t | the separa | ate instructio | ons. | | | | | | | | | For | n 990 | (2020) |

For Paperwork Reduction Act Notice, see the separate instructions.

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|-----|--|
| P | Statement of Program Service Accomplishments Check if Schedule O contains a response or note to any line in this Part III |
| 1 | Check if Schedule O contains a response or note to any line in this Part III X Briefly describe the organization's mission: |
| • | ATTACHMENT 1 |
| | |
| | |
| | |
| 2 | Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? |
| | prior Form 990 or 990-EZ? Yes X No |
| 3 | Did the organization cease conducting, or make significant changes in how it conducts, any program |
| Ŭ | services? |
| | If "Yes," describe these changes on Schedule O. |
| 4 | Describe the organization's program service accomplishments for each of its three largest program services, as measured by |
| | expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, |
| | the total expenses, and revenue, if any, for each program service reported. |
| 4. | (Code:) (Evenence f , a set set including grante of f , a set set) (Devenue f |
| 4a | (Code:) (Expenses \$3,854,328. including grants of \$3,579,965.) (Revenue \$343,687.) FISCAL SPONSORSHIPS: SINCE 1976, NYFA HAS PROVIDED FISCAL |
| | SPONSORSHIPS TO INDIVIDUAL ARTISTS AND EMERGING ORGANIZATIONS, |
| | MAKING IT THE OLDEST PROGRAM OF ITS KIND IN THE COUNTRY. IT MAKES |
| | IT POSSIBLE FOR INDIVIDUALS AND ORGANIZATIONS WITHOUT |
| | NOT-FOR-PROFIT STATUS TO RAISE FUNDS FOR UPCOMINGS FILMS, |
| | THEATRICAL PERFORMANCES, ART INSTALLATIONS AND OTHER PROJECTS. |
| | |
| | |
| | |
| | |
| | |
| 4b | (Code:) (Expenses \$ 830,460. including grants of \$ 616,000.) (Revenue \$ 656,515.) |
| | ARTIST FELLOWSHIPS: IN 1984, NYFA WAS SELECTED BY THE NEW YORK |
| | STATE COUNCIL ON THE ARTS TO ADMINISTER THE STATE'S ARTISTS' |
| | FELLOWSHIPS. THE PROGRAM HAS SINCE EXPANDED TO AWARD DIRECT GRANTS |
| | OF \$7,000 EACH TO APPROXIMATELY 90 NEW YORK STATE ARTISTS EACH |
| | YEAR. THESE FELLOWSHIPS ARE ARTIST CENTERED AND ALLOW ARTISTS THE |
| | FREEDOM TO USE THE GRANT IN WHATEVER MANNER IT WILL HAVE THE |
| | GREATEST IMPACT ON THEIR CREATIVE LIVES. |
| | |
| | |
| | |
| | |
| 4c | (Code:) (Expenses \$ 873,939. including grants of \$) (Revenue \$) |
| | NYFA ON-LINE RESOURCES: NYFA'S ON-LINE RESOURCES INCLUDES SOURCE AN |
| | CLASSIFIEDS. NYFA'S SOURCE SECTION OF ITS WEBSITE IS VISITED BY ONE |
| | MILLION PLUS USERS EACH YEAR. SOURCE PROVIDES AN INFORMATIONAL DATA |
| | BASE, WHICH INCLUDES OPPORTUNITIES, SUCH AS GRANTS, RESIDENCIES, |
| | GALLERY SPACE, AND SEVERAL OTHER RESOURCES FOR ARTISTS AND ARTS |
| | ARTIST COMMUNITY TO ADVERSTISE GALLERY SPACE, EXHIBITIONS, JOB |
| | OPENINGS AND BANNER ADS. NYFA CLASSIFIEDS POSTS SEVERAL THOUSAND |
| | ADS PER YEAR. GALLERY SPACE, EXHIBITIONS, JOB OPENINGS AND BANNER |
| | ADS. |
| | |
| | |
| 4d | Other program services (Describe on Schedule O.) ATTACHMENT 2 |
| _ | (Expenses \$ 2,936,723. including grants of \$ 2,483,700.) (Revenue \$) |
| 4e | Total program service expenses ► 8,495,450. |
| 0E1 | D20 1.000 0990NT V01B 5/12/2022 1:38:14 PM V 20-7.21 1181707 PAGE |
| | |

| - | 90 (2020) | | F | Page 3 |
|------|---|-----|-----|--------|
| Part | V Checklist of Required Schedules | | | |
| | In the energy instance described in particular $\Gamma(A/A)/A$ on $A(A/A)/A$ (other there are instance foundation) A if $W/A = W$ | | Yes | No |
| 1 | Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A. | 1 | x | |
| 2 | Is the organization required to complete Schedule B, Schedule of Contributors See instructions? | 2 | X | |
| 3 | Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to | | | |
| - | candidates for public office? If "Yes," complete Schedule C, Part I | 3 | | х |
| 4 | Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) | | | |
| | election in effect during the tax year? If "Yes," complete Schedule C, Part II | 4 | | Х |
| 5 | Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, | | | |
| | assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III | 5 | | X |
| 6 | Did the organization maintain any donor advised funds or any similar funds or accounts for which donors | | | |
| | have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If | | | 37 |
| - | "Yes," complete Schedule D, Part I. | 6 | | X |
| 7 | Did the organization receive or hold a conservation easement, including easements to preserve open space, | 7 | | x |
| 8 | the environment, historic land areas, or historic structures? <i>If "Yes," complete Schedule D, Part II</i> . Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes,"</i> | - / | | - 21 |
| U | complete Schedule D, Part III | 8 | | x |
| 9 | Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a | - | | |
| | custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or | | | |
| | debt negotiation services? If "Yes," complete Schedule D, Part IV | 9 | | Х |
| 10 | Did the organization, directly or through a related organization, hold assets in donor-restricted endowments | | | |
| | or in quasi endowments? If "Yes," complete Schedule D, Part V | 10 | Х | |
| 11 | If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, | | | |
| | VII, VIII, IX, or X as applicable. | | | |
| а | Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," | | х | |
| h | <i>complete Schedule D, Part VI</i> Did the organization report an amount for investments-other securities in Part X, line 12, that is 5% or more | 11a | | |
| b | of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII | 11b | | x |
| с | Did the organization report an amount for investments-program related in Part X, line 13, that is 5% or more | 110 | | |
| Ū | of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII | 11c | | х |
| d | Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets | | | |
| | reported in Part X, line 16? If "Yes," complete Schedule D, Part IX | 11d | | Х |
| е | Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X | 11e | Х | |
| f | Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses | | | |
| | the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X | 11f | | X |
| 12 a | Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete | | 37 | |
| | Schedule D, Parts XI and XII. Was the organization included in consolidated, independent audited financial statements for the tax year? If | 12a | X | |
| D | "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional | 12b | | x |
| 13 | Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E. | 120 | | X |
| | Did the organization maintain an office, employees, or agents outside of the United States? | 14a | | X |
| | Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, | | | |
| | fundraising, business, investment, and program service activities outside the United States, or aggregate | | | |
| | foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV | 14b | | X |
| 15 | Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or | | | |
| | for any foreign organization? If "Yes," complete Schedule F, Parts II and IV | 15 | | X |
| 16 | Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other | | | v |
| 47 | assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV | 16 | | X |
| 17 | Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? <i>If "Yes," complete Schedule G, Part I</i> See instructions | 17 | | x |
| 18 | Did the organization report more than \$15,000 total of fundraising event gross income and contributions on | 17 | | |
| | Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II | 18 | х | |
| 19 | Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? | | | |
| | If "Yes," complete Schedule G, Part III | 19 | | Х |
| 20 a | Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H | 20a | | Х |
| b | If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? | 20b | | |
| 21 | Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or | | | |
| | domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II | 21 | Х | |

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Page 4

| Yes No 22 Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 27 // Yes,"complete Schedule /, Parts I and II. 22 X 23 Did the organization arwayer 'Yes' to Parts I and II. 3. bit the organization is current and former officers, directors, trustees, key employee, and highest compensation of the assisted affect on two as issued affect December 31. 2002 // Yes, "complete Schedule I, Parts I. 24 24 Did the organization inwest a fax-exempt bond issue with an outstanding principal amount of more than \$100,000 so of the isst day of the year, fast was issued affect December 31. 2002 // Yes, "complete Schedule I, Parts I. 244 24 25 Section 501(c)(a). 501(c)(d), and 501(c)(20) organizations. Dub the organization mays that any proceeds of taxe-exempt bonds beyond a temporary period exception? 244 244 25 Section 501(c)(a). 501(c)(d), and 501(c)(20) organizations. Dub the organization mays that the transaction with a disqualified person in a prior yes, and that the transaction bas not been reported on any of the coganization comports and the angual target any of these persons? If 'Yes, "complete Schedule L, Part I. 26 X 25 Did the organization nowich at engage in an excess benefit transaction with a disqualified person in a prior yes, and that the transaction target transaction any of these persons? If 'Yes," complete Schedule L, Part I. 26 X 26 | Part | V Checklist of Required Schedules (continued) | | | |
|---|--------|--|------|------|---------|
| Part IX column (4), line 21 if Yes, 'complete Schedule I. Parts I and III | | | | Yes | No |
| 23 Did the organization answer Ywe' to Part VIL Section A, Ins 3, 4, or 5 about compensation of the organization have a tax-exempt bord sizue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If 'Yes,' answer fires 24 to the part that was issued after December 31, 2002? If 'Yes,' answer fires 24 to the part that was issued after December 31, 2002? If 'Yes,' answer fires 24 to the discase may bordes by that was issued after December 31, 2002? If 'Yes,' answer fires 24 to the discase may bordes by the year, that was issued after December 31, 2002? If 'Yes,' answer fires 24 to different to different and producing at any time dump the year? 24 Did the organization maintain an escrew account other than a refunding secrew at any time dump the year? 24 to | 22 | | | | |
| organization's current and former officers, directors, trustees, key employees, and highest compensate 2 24a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issue darter December 31, 2002? If 'Vss,' answer lines 2-bit the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? 24a X 2 Did the organization aminian an escrow account other than a refunding sector wat any time during the year? 24d Zdd 2 Did the organization can an 'on bohalf of issuer for bonds outstanding at any time during the year? 24d Zdd 2 Section 501(c)(3), 501(c)(4), and 501(c)(20) organizations. Did the organization engage in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been teported on any of the organization provide on year of the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity of family member of any of these aperson? If 'Vss', complete Schedule L, Part I. 26 X 2 Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity of family member of any of these aperson? If 'Vss', complete Schedule L, Part I. 28 X 2 Did the organization party to a business transaction with one of the following parties (see Schedule L, Part I. 28 X | | | 22 | X | |
| employees? If "res" complete Schedule J. 23 X 24 Did the organization have at tax-exempt bord issue with an outstanding principal amount of more than through 24 and complete Schedule J. Principal 4. 24a X 24 Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? 24a X 24b Did the organization maintain an escow account other than a refunding escow at any time during the year to delease any tax-exempt bonds? 24d X 25 Section Stol(c)(a), 501(c)(a), and 501(c)(c)) organizations. Did the organization enage in an excess benefit transaction with a disqualified person during the year II "res" complete Schedule L, Part I. 24d 25 Section Stol(c)(a), 501(c)(a), and 501(c)(c)) organization. Stol the organization area that tengaged in an excess benefit transaction with a disqualified person during the year II "res" complete Schedule L, Part I. 25a X 26 Did the organization avee that tengaged in an excess benefit transaction with sol the organization avee trans the substantial contributor, or 35% 26 X 27 D' was the organization avee that substantial contributor, or any organization avee the assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or any organization eaveer that substantial contributor, or any organization eaveer that assistance to any current or fourbul termostration approxementes that substantial contributor, or any organization testeve that | 23 | - | | | |
| 244 Did the organization have a tax-exampt bond issue with an outstanding principal amount of more Name N100,000 as of the list day of the year, that was issued after December 31, 2027 // Yvs; "answer lines 24a 24a X 24a X 24a X 24b Did the organization investing any proceeds of tax-exempt bonds beyond a temporary parted exception? 24a X 24a X Z4a X 24b Did the organization maintain an escrow account other than a refunding escrow at any time during the year? 24d 25a Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization provide any amount on Part X. line 5 or 22. for receivables from or payables to any current or former officer, fursetor, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons? If Yes," complete Schedule L, Part II 27 Did the organization provide a grant or other assistance to any current or family member of any of these persons? If Yes," complete Schedule L, Part II 27 X 28 Was the organization reported analy and phase and any current or family member of any of these persons? If Yes," complete Schedule L, Part II 27 X 29 Did the organization reported analy an employee thereof) or family member of any of these persons? If Yes," com | | | | | |
| \$100,000 as of the last day of the year, that was issued after December 31, 2002' If 'Yea,' answer fires 24b 24a X b Did the organization invest any proceeds of tax-sempt bonds beyond a temporary period exception? 24a X c Did the organization maintain an escrow account other than a refunding escrow at any time during the year? 24a X d Did the organization act as an 'on behalf d' issue for bonds outstanding at any time during the year? 24a X 25a Section Soft(c)(3), Soft(c)(1, and Soft(c)(29) organizations. Did the organization endpate that 1 engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization syntem that 1 engaged in an excess benefit transaction report any amount on Part X, line 5 or 22, for receivables from or payables to any current or organization expand that 1 engaged we problew, creator or founder, substantial contributor, or 35% controlled entity or tamily member of any of these spessors? If 'Yea,' complete Schedule L, Part I. 25a X 27 Did the organization export any dramount on Part X, line 5 or 22, for receivables from or payables to any current or former officer, director, trustee, key employee, creator or founder, substantia contributor, or 35% controlled entity or tamily member of any of these persons? If 'Yea,' complete Schedule L, Part II. 25a X 28 Was the organization aparty to a business transaction with one of the following parties (see Schedule L) 27a X 29 Did the organization expere worde than \$25,000 in non-cash contr | | | 23 | X | |
| through 244 and completes Schedule K /f 'No, 'g to line 25a 24a X b Did the organization markain an escrow account other than a refunding escrow at any time during the year? 24a c Did the organization act as an 'on behalf of' issuer for bonds outstanding at any time during the year? 24a 25a Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization are sees benefit transaction with a disqualified person during the year? 24a 25a Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization proforms 990 or 900-E27 7 25b It the organization aware that it engaged in an excess benefit transaction with a disqualified person in the gas of the persons? 25b 25b Ott the organization provide a grant on other assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%, complete Schedule L, Part I, | 24 a | | | | |
| b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? 24b c Did the organization maintain an escrow account other than a refunding secrow at any time during the year? 24c d Did the organization act as an 'on behalt of' issuer for bonds outstanding at any time during the year? 24c 255 Section Sol1(c)(3). Sol1(c)(4), and SOI1(c)(20) organizations. Did the organization engage in an excess benefit transaction with a disqualified person in a process benefit transaction with a disqualified person in a process benefit transaction report any amount on Part X, line 5 or 22, for receivables from or payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%, controlled entry or family member of any of these persons? If Yes, "complete Schedule L, Part II. 25 27 Did the organization are provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%, controlled entity or family member of any of these persons? If Yes, "complete Schedule L, Part II. 27 X 28 Was the organization a party to a business transaction with no of the following parties (see Schedule L, Part III. 28e X 29 Did the organization report any dimethol and party to a business transaction with no of the following parties (see Schedule L, Part III. 28e X 29 Did the organization are party to a business transaction with no of the following parties (see Schedule L, Part III. 28e X 29 Did | | | | | |
| c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defense any tax-exempt bonds?. 24c 24d 24d 25a Section 561(c)(3), 561(c)(4), and 561(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If Yes," complete Schedule L, Part I. 25b Xection 561(c)(3), 561(c)(4), and 561(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If Yes," complete Schedule L, Part I. 26b X 27b If the organization report any amout on Part X, line 5 or 22, for receivables from or psyables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or tamily member d any of these persons? If Yes," complete Schedule L, Part II. 27b Ut the organization report of an array if Yes," complete Schedule L, Part II. 27 X 28 Was the organization reports the part of Yes," complete Schedule L, Part II. 27 X 28 Was the organization approaches transaction with one of the following parties (see Schedule L, Part II. 27 X 28 Was the organization approache L, Part II. 28 A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? II Yes," complete Schedule L, Part II. 28 A current or former officer, director, trustee, key employee, creator or founder, substantial contributor? II Yes," complete Schedule L, Part II. 28 A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? II Yes," complete Schedule L, Part II. 29 A stanty member of any individual described in line 282 or 280? II Yes," complete Schedule L, Part IV. 29 A stanty member of any individual described in line 282 or 280? II Yes," complete Schedule L | _ | | | | X |
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| 253 Section 501(c)(2), 501(c)(2), 601(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person of the organization aware that it engaged in an excess benefit transaction with a disqualified person of a provide section of the organization prior Forms 990 or 980-E27 If the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 980-E27 If the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current or former officer, director, trustee, key employee, creator of founder, substantial contributor, or 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II. Z 26 Was the organization prophicable filting thesehols, conditions, and exceptions): A current or former officer, director, trustee, key employee, creator or founder, substantial contributor? If "Yes," complete Schedule L, Part III. Z 27 Was the organization prophicable filting thresholds, conditions, and exceptions): A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If "Yes," complete Schedule L, Part IV. Z 28 Mass three organization in policable filting thresholds, conditions, and exceptions): A current or former officer, director, trustee, key employee, creator or founder, substantial contributor? II "Yes," complete Schedule L, Part IV. Z 29 Did the organization receive more than 225,000 in non-cash contributions? II "Yes," complete Schedul | | | | | |
| transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I. 25a X b is the organization averate that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-E2? X 2 Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member do ray of these persons? If "Se," Complete Schedule L, Part II. 26 X 27 Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity (including an employee thereof) or family member of any of these persons? If "Se," complete Schedule L, Part III 27 X 20 Was the organization average the file of the organization set of the organization average the organization average the organization set of the organization set of the organization average the organization set of the organization set of the organization set of the organization receive more than \$25,001 n non-cash contributors? If "Yes," complete Schedule N, Part II 28 X 30 Did the organization receive more than \$25,001 n non-cash contributions? If "Yes," complete Schedule N, Part I 30 X 31 Did the organization set, when the discripter Schedule R, Part I,,,,,,,, | | | 240 | | |
| b is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-E27 25 26 Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II. 26 X 27 Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity (including an employee thereol, a grant selection committee member, or to a 35% controlled entity (including an employee thereol, a grant selection committee member, for to a 35% controlled entity (including an employee, creator or founder, substantial contributor? If "Yes," complete Schedule L, Part IV. 27 X 28 Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV. 28 X 29 X current or former officer, director, trustee, key employee, creator or founder, substantial contributor? If "Yes," complete Schedule L, Part IV. 28 X 29 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule L, Part IV. 28 X 20 Did the organization receive | 25 a | | 25- | | v |
| year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? 25 X 26 Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons? If "%s," complete Schedule L, Part II. 26 X 27 Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity (including an employee thereof) or family member of any of these persons? If "%s," complete Schedule L, Part III. 27 X 28 Was the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If "Yes," complete Schedule L, Part IV. 28 X 29 Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M. 29 X 29 Did the organization receive contributions of ant, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule N, Part I 30 X 20 Did the organization receive contributions of ant, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule R, Part I, II. 30 X 21 <t< td=""><td>h</td><td></td><td>258</td><td></td><td><u></u></td></t<> | h | | 258 | | <u></u> |
| ¹⁷ Yes," complete Schedule L, Part I. ²⁵⁵ ^X ²⁶⁵ Did the organization report any amount on Part X, line 5 or 22, for recivables from or payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons? If 'Yes," complete Schedule L, Part IV instructions, for applicable filling thresholds, conditions, and exceptions): ²⁶⁵ X ²⁷⁶ Ves, "complete Schedule L, Part IV ²⁷⁶ Ves," complete Schedule L, Part IV ²⁷⁶ Ves," complete Schedule L, Part IV ²⁷⁸ Ves, the organization papticable filling thresholds, conditions, and exceptions): ²⁷⁹ A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If ²⁷⁸ Ves, "complete Schedule L, Part IV ²⁸⁸ X ²⁷⁹ Ves, "complete Schedule L, Part IV ²⁸⁴ X ²⁷⁰ Ves, "complete Schedule L, Part IV ²⁸⁴ X ²⁸⁰ Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If 'Yes," complete Schedule L, Part IV ²⁹⁵ X ²⁹⁶ Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If 'Yes," complete Schedule N, Pa | D | | | | |
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| or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% employee, creator or founder, substantial contributor, or 35% employee, creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III. 26 X 28 Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV). 28 X 29 Was the organization raphicable filling thresholds, conditions, and exceptions): a A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If "Yes," complete Schedule L, Part IV. 28a X 29 D A family member of any Individual described in line 28a? If "Yes," complete Schedule L, Part IV. 28a X 29 D A family member of any Individual described in line 28a? If "Yes," complete Schedule N. 29 X 30 Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule N. 29 X 31 Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N. 30 X 32 Did the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule N. Part II, III, or IV, and Part V, Iin e 1. 31 X 33 | 26 | | 250 | | |
| 27 Did the organization provide a grant or other assistance or any current or former officertor, trustee, key employee, creator or founder, substantial contributor or employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part II 27 X 28 Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part II) 27 X 28 Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part II) 27 X 28 Was the organization is officer, director, trustee, key employee, creator or founder, or substantial contributor? II "Yes," complete Schedule L, Part IV 28a X 29 A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? II "Yes," complete Schedule L, Part IV 28b X 29 Did the organization receive more than \$25,000 in non-cash contributions? II "Yes," complete Schedule M 29 X 30 Did the organization receive more than \$25,000 in non-cash contributions? II "Yes," complete Schedule N, Part I 30 X 31 Did the organization onellate to any diverse and cease operations? II "Yes," complete Schedule N, Part I 31 X 32 Did the organization receive more than \$25,000 in non-cash contributions? II "Yes," complete Schedule N, Part I 30 X 31 | 20 | | | | |
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| employee, creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity (including an employee thereof) or family member of any of these persons? If "yes," complete Schedule L, Part II, | 27 | | 20 | | |
| member, or to a 35% controlled entity (including an employee thereof) or famity member of any of these persons? If "Yes," complete Schedule L, Part III. 27 X 28 Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions, for applicable filing thresholds, conditions, and exceptions): a A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If "Yes," complete Schedule L, Part IV. 28a X b A family member of any individual described in line 289? If "Yes," complete Schedule L, Part IV. 28b X 29 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation neceive contributions of art, historical treasures, or other similar assets? If "Yes," complete Schedule N, Part I 30 X 30 Did the organization receive contributions of art, historical treasures, or other similar assets? If "Yes," complete Schedule N, Part I 31 X 31 Did the organization sell, exchange, dispose of, or transfer more than 25% of its not seasets? If "Yes," complete Schedule N, Part I 31 X 32 X Was the organization realed to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part I, III, or N, and Part V, line 1. 33 X 33 Did the organization have a controlled entity within the meaning of section 512(b)(13)? 35a 35a | 21 | | | | |
| persons? If "Yes," complete Schedule L, Part III 27 X 28 Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions, for applicable filing thresholds, conditions, and exceptions): a A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If "Yes," complete Schedule L, Part IV 28a X 28 A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV 28a X 29 Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M 28c X 30 Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule N, Part I 30a X 31 Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule N, Part I 30a X 32 Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule N, Part I 30a X 33 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II. 30a X 34 Was the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? 35a X 35a Did t | | | | | |
| 28 Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions, for applicable filling thresholds, conditions, and exceptions): a A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If "Yes," complete Schedule L, Part IV. 28a X b A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV. 28b X 29 Did the organization receive contributions or more individuals and/or organization described in lines 28a or 28b; If "Yes," complete Schedule L, Part IV. 28c X 30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M. 30 X 31 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part I. 31 X 32 Did the organization own 100% of an entity disregarded as separate from the organization under Regulation sections 501.7701-28 if "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1. 33 X 33 Did the organization controlled entity within the meaning of section 512(b)(13)? 35a X 34 Was the organization controlled entity within the meaning of section 512(b)(13)? 35a X 34 Was the organization controlled entity | | | 27 | | Х |
| Part IV instructions, for applicable filing thresholds, conditions, and exceptions): a A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If "%es", complete Schedule I, Part IV | 28 | | | | |
| a A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If 28a x "Yes," complete Schedule L, Part IV. 28b x c A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? If "Yes," complete Schedule L, Part IV. 28b x 29 Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M . 29 x 30 Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M . 29 x 31 Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M . 30 x 32 Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule N, Part I 30 x 31 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II. 32 x 33 Did the organization nown 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part II. 33 x 34 Was the organization nave a controlled entity within the meaning of section 512(b)(13)? 35a x 35a Did the organization control | | | | | |
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| b A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV. 28b X c A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? If "Yes," complete Schedule L, Part IV. 28c X 29 Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M. 29 X 30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M. 30 X 31 Did the organization inguidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I 31 X 32 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I, | | | 28a | | Х |
| c A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? If 28c X 29 Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M 29 X 30 Did the organization receive contributions? If "Yes," complete Schedule M 30 X 31 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part I 30 X 32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part I. 31 X 33 Did the organization receive any 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-3? If "Yes," complete Schedule R, Part I. 33 X 34 Was the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? 35a X 35 B Did the organization conduct more than 5% of its activities through an entity this to an elated organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part V. 35a X 36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization conduct more than 5% of its activities through an entity this is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI. | b | | | | Х |
| "Yes," complete Schedule L, Part IV 28c X 29 Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M 29 X 30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule N 30 X 31 Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I 31 X 32 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I. 33 X 34 Was the organization neated to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1. 34 X 35a Did the organization neave a controlled entity within the meaning of section 512(b)(13)? 35a X 36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI. 37 X 36 Did the organization complete Schedule R, Part V, line 2. 38 X 37 37 < | | | | | |
| 29 Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M 29 X 30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M 30 X 31 Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I 31 X 32 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I, | | | 28c | | Х |
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| 31 Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I 31 X 32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II. 32 X 33 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II. 32 X 33 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II. 33 X 34 Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1. 34 X 35a Did the organization neve a controlled entity within the meaning of section 512(b)(13)? 35a X 36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI. 37 X 38 Did the organization complete Schedule O. 38 X 39 Did the organization organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI. 37 X </td <td>30</td> <td>Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified</td> <td></td> <td></td> <td></td> | 30 | Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified | | | |
| 32 Did the organization splatter within the organization could be called or ganization to the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I. 33 34 35 35 35 35 35 35 35 35 35 35 35 35 35 35 35 35 35 36 | | conservation contributions? If "Yes," complete Schedule M | 30 | | Х |
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| 2a Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return. 2a 28 b If at least one is reported on line 2, at (dthe organization file all required foderal employment tax returns? Note: If the sum of lines 1 and 2a is greater than 250, you may be required to e-file (see instructions). 3a 3a b If *Yos, * has it filed a Form 990-T for this year? /f *No* to line 3b, provide an explanation on Schedule O 3b 4a At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bark account, securities account, or other financial account)? 3a 5a Was the organization have annual gross for the max is a party to a prohibited tax shelter transaction at any time during the taxyear? 5a 5a Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization northy the organization that it was as contributions? 5a 5a Does the organization near weak and on the excess of 75 made partly as a contribution and partly for goods and services provided to the payor? 7a 7b If *Yas, ' udicate the number of Forms \$282 filed during the year returns on a personal benefit contract? 7a 7b If the organization nearby the againzation weak sheak sheak returns. 7a 7a If the organization sheak and sheak on the waset in the sode or services provided? 7a < | Form | 990 (2020) | | F | Page 5 |
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| Statements, filed for the calendar year ending with or within the year covered by this return. 28 28 b If at least one is reported on line 2.a. (di the organization file all required faderal employment tax returns? 28 3a 3a Di the organization have unrelated business gross income of \$1,000 or more during the year?. 3a | | | | Yes | No |
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| Note: If the sum of lines 1a and 2a is greater than 250, you may be required to <i>-//le</i> (see instructions),,,,,,,, . | b | | 2b | Х | |
| 3a Did the organization have unrelated business gross income of \$1,000 or more during the year? | | | | | |
| b If *Ves,* has it fied a Form 980-T for this year? if *Na* to line 3b, provide an explanation on Schedule 0 | 3a | | 3a | | Х |
| 4a At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country > 4a b If 'Yes,' enter the name of the foreign country > 5a See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FEAN, b) 5a So Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? 5a 2x b Did any taxable party notify the organization file Form 8886-17 5b 2x c If 'Yes'' to line 5a or 5b, did the organization file Form 8886-17 5b 2x c B Dees the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible a charitable contributions ? 6a x 7 Organizations that may receive deductible contributions under section 170(c). 7b 6b 7c 1 I' 'Yes,'' did the organization notify the donor of the value of the goods or services provided? 7b 7c x c Did the organization notify the donor of the value of the goods or services provided? 7c x 7d d I' 'Yes,'' indicate the number of Forms 8282 filed during the year, or other values of the organization file Borm 8282? 7d 7d x 9 Di the organization receive a pay premiums, incercity in oni | | | 3b | | |
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| b If "Yes," enter the name of the foreign country > | | | 4a | | Х |
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| gifts were not tax deductible? 6b 7 Organizations that may receive deductible contributions under section 170(c). 6b a Did the organization netify the donor of the value of the goods or services provided? 7a X b If "Yes," did the organization notify the donor of the value of the goods or services provided? 7b 7c c Did the organization notify the donor of the value of the goods or services provided? 7c X c Did the organization notify the donor of the value of the goods or services provided? 7c X c Did the organization notify the donor of the value of the goods or services provided? 7c X d If "Yes," indicate the number of Forms 2822 filed during the year 7d 7e X f Did the organization during the year, pay premiums, directly or indirectly, on a personal benefit contract? 7t X g If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization far Borm 1098-C? 7d 7d 8 Sponsoring organizations maintaining donor advised funds. Did a donor advised fund 8a 9a 9b 9 Sponsoring organizations maintaining donor advised funds. 10a 10b 8 8a 9 Sponsoring organization make and taxable distributions under section | b | | | | |
| 7 Organizations that may receive deductible contributions under section 170(c). a) < | | | 6b | | |
| a Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor? 7a X b If 'Yes,'' did the organization notify the donor of the value of the goods or services provided? 7b 7c X b If 'Yes,'' indicate the number of Forms 8282 filed during the year [7d] 7c X d If 'Yes,'' indicate the number of Forms 8282 filed during the year [7d] 7c X d If 'Yes,'' indicate the number of Forms 8282 filed during the year [7d] 7d X f Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? 7f X g If the organization received a contribution of qualified intellectual property, did the organization file Form 8298 as required? 7g X g Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization make any taxable distributions under section 4966? 9a 9b g Gross income from members or shareholders 10a 10b 10a 10a 10a 11 10a 10b 10b 10b 12a 12a 12a 12 Section 501(c)(7) organizations. Enter: 10a 10b 12a 12a 12a | 7 | • | | | |
| and services provided to the payor? 7a X b If "Yes," did the organization notify the donor of the value of the goods or services provided? 7b c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282? 7c X d If "Yes," indicate the number of Forms 8282 filed during the year 7d 7c X d If "Yes," indicate the number of Forms 8282 filed during the year 7d 7c X f Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? 7f X g If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? 7h X g If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file Form 8899 as required? 7h X g If the organization have excess business holdings at any time during the year? 7h 8 8 9 Sponsoring organization make any taxable distributions under section 4966? 9a 9b 9b 10 Section 501(c)(7) organizations. Enter: a lintiation fees and capital contributions included on Part VIII, line 12 10a 11a 11a 11 Section 501(c)(12) organizations. Enter: a Gross income from members or shareho | а | | | | |
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| f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? 7f X g If the organization received a contribution of qualified intellectual property, did the organization file a Form 1088-C2. 7g 7h | | | 7e | | Х |
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| b Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? | 9 | Sponsoring organizations maintaining donor advised funds. | | | |
| 10 Section 501(c)(7) organizations. Enter: a Initiation fees and capital contributions included on Part VIII, line 12 | а | Did the sponsoring organization make any taxable distributions under section 4966? | 9a | | |
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| against amounts due or received from them.) 11b 11b 12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? 12a b If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b 12b 13 Section 501(c)(29) qualified nonprofit health insurance issuers. 12b 13a a Is the organization licensed to issue qualified health plans in more than one state? 13a Note: See the instructions for additional information the organization must report on Schedule O. 13a b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans 13b c Enter the amount of reserves on hand 13c 14a | а | Gross income from members or shareholders | | | |
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| a Is the organization licensed to issue qualified health plans in more than one state? 13a Note: See the instructions for additional information the organization must report on Schedule O. 13a b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans 13b c Enter the amount of reserves on hand 13c 14a | b | | | | |
| Note: See the instructions for additional information the organization must report on Schedule O. Image: See the instructions for additional information the organization must report on Schedule O. b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans | | | | | |
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| c Enter the amount of reserves on hand 13c 14a 14a Did the organization receive any payments for indoor tanning services during the tax year? 14a X | b | | | | |
| 14a 14a | | | | | |
| Ta Did the organization receive any payments for motion tanning services during the tax years the term is the term | | | | | 37 |
| b If "Yes," has it filed a Form 720 to report these payments? If "No." provide an explanation on Schedule 0 | | | | | X |
| | b | If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O | 14b | | <u> </u> |
| 15 Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or | 15 | | <u> </u> | | v |
| | | | 15 | | X |
| If "Yes," see instructions and file Form 4720, Schedule N. | | | 4.0 | | x |
| 16 Is the organization an educational institution subject to the section 4968 excise tax on net investment income? 16 X If "Yes," complete Form 4720, Schedule O. | 16 | | 01 | | |

Form **990** (2020)

| Form § | 90 (2020) NEW YORK FOUNDATION FOR THE ARTS INC. 23-7129 | 564 | F | Page 6 |
|--------|---|------------|-----------|---------------|
| Part | VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, | and | for a | "No" |
| | response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O. | | | tions. |
| | Check if Schedule O contains a response or note to any line in this Part VI | | | Х |
| Sect | ion A. Governing Body and Management | | | |
| | | | Yes | No |
| 1a | Enter the number of voting members of the governing body at the end of the tax year 1a 20 | | | |
| | If there are material differences in voting rights among members of the governing body, or | | | |
| | if the governing body delegated broad authority to an executive committee or similar committee, explain on Schedule O. | | | |
| b | Enter the number of voting members included on line 1a, above, who are independent 1b 20 | | | |
| 2 | Did any officer, director, trustee, or key employee have a family relationship or a business relationship with | | | |
| | any other officer, director, trustee, or key employee? | 2 | | X |
| 3 | Did the organization delegate control over management duties customarily performed by or under the direct | | | |
| | supervision of officers, directors, trustees, or key employees to a management company or other person? | 3 | | X |
| 4 | Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? | 4 | | X |
| 5 | Did the organization become aware during the year of a significant diversion of the organization's assets? | 5 | | Х |
| 6 | Did the organization have members or stockholders? | 6 | | Х |
| 7a | Did the organization have members, stockholders, or other persons who had the power to elect or appoint | | | |
| | one or more members of the governing body? | 7a | | X |
| b | Are any governance decisions of the organization reserved to (or subject to approval by) members, | | | 37 |
| | stockholders, or persons other than the governing body? | 7b | | X |
| 8 | Did the organization contemporaneously document the meetings held or written actions undertaken during | | | |
| | the year by the following: | | v | |
| а | The governing body? | 8a | X X | |
| b | Each committee with authority to act on behalf of the governing body? | 8b | Λ | <u> </u> |
| 9 | Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at | 9 | | x |
| Soct | the organization's mailing address? If "Yes," provide the names and addresses on Schedule O | - |) | 21 |
| 5000 | on B. Poncies (This Section B requests information about policies not required by the internal Revenue | Coue | .) Yes | No |
| 40- | Did the energiantian have been been been an efflicted? | 10a | | X |
| | Did the organization have local chapters, branches, or affiliates? | | | |
| U | affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? | 10b | | |
| 11 2 | Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? | 11a | | X |
| | Describe in Schedule O the process, if any, used by the organization to review this Form 990. | | | |
| | Did the organization have a written conflict of interest policy? If "No," go to line 13 | 12a | Х | |
| | Were officers, directors, or trustees, and key employees required to disclose annually interests that could give | | | |
| - | rise to conflicts? | 12b | Х | |
| с | Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," | | | |
| • | describe in Schedule O how this was done | 12c | Х | |
| 13 | Did the organization have a written whistleblower policy? | 13 | Х | |
| 14 | Did the organization have a written document retention and destruction policy? | 14 | Х | |
| 15 | Did the process for determining compensation of the following persons include a review and approval by | | | |
| | independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? | | | |
| а | The organization's CEO, Executive Director, or top management official | 15a | Х | |
| b | Other officers or key employees of the organization | 15b | | Х |
| | If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions). | | | |
| 16a | Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement | | | |
| | with a taxable entity during the year? | 16a | | X |
| b | If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its | | | |
| | participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the | | | |
| 0 - 1 | organization's exempt status with respect to such arrangements? | 16b | | |
| - | on C. Disclosure | | | |
| 17 | List the states with which a copy of this Form 990 is required to be filed \blacktriangleright NY, | | | |
| 18 | Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T | (Sec | tion 5 | 601(c) |
| | (3)s only) available for public inspection. Indicate how you made these available. Check all that apply. X Own website Another's website X Upon request Other (explain on Schedule O) | | | |
| | | | | P |
| 19 | Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict o | r intei | est p | olicy, |
| 20 | and financial statements available to the public during the tax year. | . ► | | |
| 20 | State the name, address, and telephone number of the person who possesses the organization's books and record MICHAEL ROYCE 20 JAY STREET, SUITE 740 BROOKLYN, NY 11201 212-366-6900 | 5 🗩 | | |
| | | Form | 990 | (2020) |

NEW YORK FOUNDATION FOR THE ARTS INC.

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| Part VII | Compensation | of | Officers, | Directors, | Trustees, | Key | Employees, | Highest | Compensated | Employees, | and |
|----------|----------------|-------|-----------|------------|-----------|-----|------------|---------|-------------|------------|-----|
| | Independent Co | ontra | actors | | | | | | | | |

Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.

• List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.

• List all of the organization's current key employees, if any. See instructions for definition of "key employee."

• List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.

• List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.

• List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations. See instructions for the order in which to list the persons above.

Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee.

| | | | | | C) | | | | | |
|--------------------------------------|----------------------|-----------------------------------|----------------------|---------|--------------|---------------------------------|--------|-------------------------|-------------------------|------------------------------|
| (A) | (B) | (do r | | | ition | thop | | (D) | (E) | (F) |
| Name and title | Average hours | | | | | e than c is both | | Reportable compensation | Reportable compensation | Estimated amount of other |
| | per week | | | • | | or/trust | | from the | from related | compensation |
| | (list any | 우 코 | n | Q | ž | 옥 프 | Ŀ | organization | organizations | from the |
| | hours for related | Individual trustee or director | stitu | Officer | Key employee | ghe | Former | (W-2/1099-MISC) | (W-2/1099-MISC) | organization and |
| | organizations | lual | tiona | 7 | nplo | st co | Ĩ | | | related organizations |
| | below | trust | al tru | | yee | mpe | | | | |
| | dotted line) | ee | nstitutional trustee | | | Highest compensated employee | | | | |
| | | | | | | ted | | | | |
| (1) MICHAEL L. ROYCE | 50.00 | | | | | | | | | |
| EXECUTIVE DIRECTOR | 0. | | | Х | | | | 373,307. | 0. | 15,403. |
| (2) SEBI VITALE | 50.00 | | | | | | | | | |
| DIRECTOR OF FINANCE & ADMINIST | 0. | | | Х | | | | 104,239. | 0. | 30,859. |
| (3) KATHERINE RABINOVICH-DELANEY | 45.00 | | | | | | | | | |
| DIRECTOR OF DEVELOPMENT | 0. | | | | | Х | | 123,912. | 0. | 2,293. |
| (4) SHAWNA CHASE | 40.00 | | | | | | | | | |
| DIRECTOR OF PRODUCT | 0. | | | | | Х | | 103,344. | 0. | 12,096. |
| (5)MARC J. JASON | 5.00 | | | | | | | | | |
| CHAIR | 0. | Х | | Х | | | | 0. | 0. | 0. |
| (6)J. WESLEY MCDADE | 5.00 | | | | | | | | | |
| VICE CHAIR | 0. | Х | | Х | | | | 0. | 0. | 0. |
| (7) J. WHITNEY STEVENS | 5.00 | | | | | | | | | |
| SECRETARY | 0. | X | | Х | | | | 0. | 0. | 0. |
| (8)LORIN GU | 2.00 | | | | | | | | | |
| TREASURER | 0. | X | | Х | | | | 0. | 0. | 0. |
| (9) JUDITH K. BRODSKY | 2.00 | | | | | | | | | |
| PAST IMMEDIATE CHAIR | 0. | X | | | | | | 0. | 0. | 0. |
| (10) SAID SAYREFIEZADEH | 2.00 | | | | | | | | 0 | |
| BOARD MEMBER | 0. | X | | | | | | 0. | 0. | 0. |
| (11) KERRIE BUITRAGO | 2.00 | | | | | | | 0 | 0 | |
| BOARD MEMBER | 0. | X | | | | | | 0. | 0. | 0. |
| (12) CHRISTOPHER DONINI | 2.00 | 37 | | | | | | 0 | 0 | 0 |
| BOARD MEMBER | 0. | X | | | | | | 0. | 0. | 0. |
| (13) ALEXANDRA CHASIN | 2.00 | v | | | | | | 0 | 0 | |
| BOARD MEMBER | 0. | X | | | | | | 0. | 0. | 0. |
| (14) MICHAEL FINDLAY BOARD MEMBER | 2.00 | X | | | | | | 0. | 0. | 0. |
| DOARD MIENIDER | 0. | Λ | | | | | | 0. | 0. | 0. |

Form 990 (2020)

| 10 | rt VII Section A. Officers, Directors, Tru | | y ==== | ipio; | | | | ngi | | | , numa | | |
|-----|--|--|-----------------------------------|---------------------------|-----------------|---------------------|--|-----------|--|--|-----------------|---|--------|
| | (A) Name and title | (B) Average hours per week (list any hours for | box, office | not ch unless r and | s pers a dir | tion nore son | e than o is both or/trust | an ee) | (D) Reportable compensation from the | (E) Reportable compensation from related organizations | ar | (F) stimated nount of other pensation | |
| | | related organizations below dotted line) | Individual trustee or director | Institutional trustee | Officer | Key employee | Highest compensated employee | Former | organization (W-2/1099-MISC) | (W-2/1099-MISC) | fr org an | om the anizatio d related anizatior | n d |
| 15) | MYRNA CHAO | 2.00 | | | | | | | | | | | |
| | BOARD MEMBER | 0. | Х | | | | | | 0. | 0. | | | |
| 16) | MARY LANG | 2.00 | | | | | | | | | | | |
| | BOARD MEMBER | 0. | Х | | | | | | 0. | 0. | | | |
| 17) | | 2.00 | | | | | | | | | | | |
| | BOARD MEMBER | 0. | Х | | | | | | 0. | 0. | | | |
| L8) | DREAD SCOTT | 2.00 | | | | | | | | | | | |
| | BOARD MEMBER | 0. | Х | | | | | | 0. | 0. | | | |
| 19) | EUNBI KIM | 2.00 | - | | | | | | | | | | |
| | BOARD MEMBER | 0. | Х | | | | | | 0. | 0. | | | |
| 20) | JUSTIN TOBIN | 2.00 | | | | | | | | | | | |
| | BOARD MEMBER | 0. | Х | | | | | | 0. | 0. | | | |
| 21) | | 2.00 | | | | | | | | | | | |
| | BOARD MEMBER | 0. | Х | | | | | | 0. | 0. | | | |
| 22) | GRACE ANGELA HENRY | 2.00 | | | | | | | | | | | |
| | BOARD MEMBER | 0. | Х | | | | | | 0. | 0. | | | |
| 23) | LUIS H. VALDERAS | 2.00 | | | | | | | | | | | |
| | BOARD MEMBER | 0. | Х | | | | | | 0. | 0. | | | |
| 24) | RICARDO ALBERTO MALDONADO | 2.00 | | | | | | | | | | | |
| | BOARD MEMBER | 0. | X | | _ | | | | 0. | 0. | | | |
| | | | - | | | | | | | | | | |
| 16 | Sub-total | | | | | | | | 704,802. | 0. | | 60,6 | 551 |
| | Total from continuation sheets to Part VII, Se | oction A | • • • | • • • | • • | • | • • • | | 0. | 0. | | | (|
| | Total (add lines 1b and 1c) | | | | • • | • | | | 704,802. | 0. | | 60,6 | |
| 2 | Total number of individuals (including but not l | | | listor | l ah | | a) who | | | | | 007 | |
| - | reportable compensation from the organization | | 4 | | | 010 | <i>,</i> , , , , , , , , , , , , , , , , , , | 5 10 | | ¢100,000 01 | | | |
| | | | | | | | | | | | | Yes | N |
| 3 | Did the organization list any former office | er directo | or or | true | stee | ۰ ۱ | (ev e | mn | lovee or highest | compensated | | | |
| Ŭ | employee on line 1a? If "Yes," complete Schedu | | | | | | | | | | 3 | | Х |
| 4 | For any individual listed on line 1a, is the sorganization and related organizations gre | sum of rep | ortab | le co | omp | ben | satior | n ai | nd other compens | sation from the | | | |
| | individual | | | | | | | | | | 4 | X | |
| 5 | Did any person listed on line 1a receive or | | | | | | | | | | | | |
| | for services rendered to the organization? If "Ye | | | | | | | | | | 5 | | Х |

Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.

| | (A) Name and business address | (B) Description of services | (C) Compensation |
|----|---|---------------------------------------|----------------------------|
| A. | TTACHMENT 3 | | |
| | | | |
| | | | |
| | | | |
| | | | |
| 2 | Total number of independent contractors (including but not limited to those more than \$100,000 in compensation from the organization \blacktriangleright 1 | e listed above) who received | |

Form 990 (2020) Part VIII

Statement of Revenue

Check if Schedule O contains a response or note to any line in this Part VIII (A) (B) (C) (D) Total revenue Related or exempt Unrelated Revenue excluded function revenue business revenue from tax under sections 512-514 Contributions, Gifts, Grants and Other Similar Amounts 1a Federated campaigns 1a b Membership dues 1b c Fundraising events 1c 149,888 d Related organizations 1d е Government grants (contributions) . . 1e 2,051,890 f All other contributions, gifts, grants, and similar amounts not included above 7,663,714 1f g Noncash contributions included in lines 1a-1f 1g \$ Total. Add lines 1a-1f 9,865,492 h **Business Code** Program Service Revenue 656,515 656,515 PROGRAM SERVICE FEES 561499 2a 561000 343,687. 343,687 ADMINISTRATIVE FEES b С d е All other program service revenue f 1,000,202. g Total. Add lines 2a-2f Investment income (including dividends, interest, and 3 43,408 43,408 other similar amounts). 0. 4 Income from investment of tax-exempt bond proceeds . 5 Royalties 0. (i) Real (ii) Personal 24,106. 6a Gross rents 6a 5,710. 6b **b** Less: rental expenses 18,396. Rental income or (loss) 6c С d Net rental income or (loss) . . <u>...</u> 18,396 18,396. Gross amount from (i) Securities (ii) Other 7a sales of assets 487,921. other than inventory 7a b Less: cost or other basis Other Revenue 7b 405,870. and sales expenses 82,051. c Gain or (loss) . . . 7c 82,051. 82,051 d Net gain or (loss) 8a Gross income from fundraising 149,888. events (not including \$ ____ of contributions reported on line 0. 1c). See Part IV, line 18 8a 14,282. 8b **b** Less: direct expenses -14,282 -14,282. .. 🕨 c Net income or (loss) from fundraising events. 9a Gross income from gaming 0. activities. See Part IV, line 19 9a Ο. 9b b Less: direct expenses ► 0. c Net income or (loss) from gaming activities. 10a Gross sales of inventory, less 0 returns and allowances 10a Ο. Net income or (loss) from sales of inventory С ► 0. **Business Code** Miscellaneous Revenue 11a b С d All other revenue 0. Total. Add lines 11a-11d е Total revenue. See instructions 10,995,267. 1,000,202. 129,573 12 JSA Form 990 (2020)

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| Part IX Statement of Functional Expenses Section 501(c)(3) and 501(c)(4) organizations mus | | s. All other organization | ns must complete colur | nn (A) |
|--|--------------------------|------------------------------------|---|---------------------------------------|
| Check if Schedule O contains a resp | onse or note to any line | e in this Part IX | | |
| Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII. | (A) Total expenses | (B) Program service expenses | (C) Management and general expenses | (D) Fundraising expenses |
| 1 Grants and other assistance to domestic organizations | | | | |
| and domestic governments. See Part IV, line 21 | 341,783. | 341,783. | | |
| 2 Grants and other assistance to domestic | 6,337,882. | 6,337,882. | | |
| individuals. See Part IV, line 22 | 0,557,002. | 0,337,002. | | |
| 3 Grants and other assistance to foreign | | | | |
| organizations, foreign governments, and | 0. | | | |
| foreign individuals. See Part IV, lines 15 and 16 4 Benefits paid to or for members | 0. | | | |
| F | | | | |
| 5 Compensation of current officers, directors, trustees, and key employees | 495,091. | 131,697. | 179,237. | 184,157 |
| 6 Compensation not included above to disqualified | | | | |
| persons (as defined under section 4958(f)(1)) and | | | | |
| persons described in section 4958(c)(3)(B) | 0. | | | |
| 7 Other salaries and wages | 1,163,720. | 909,152. | 57,020. | 197,548 |
| 8 Pension plan accruals and contributions (include | | | | |
| section 401(k) and 403(b) employer contributions | 0. | | | |
| 9 Other employee benefits | 180,401. | 37,621. | 130,985. | 11,795 |
| 10 Payroll taxes | 96,277. | 20,827. | 67,597. | 7,853 |
| 11 Fees for services (nonemployees): | | | | |
| a Management | 0. | | | |
| b Legal | 0. | | | |
| c Accounting | 37,599. | | 37,599. | |
| d Lobbying | 0. | | | |
| e Professional fundraising services. See Part IV, line 17 | 0. | | | |
| f Investment management fees | 0. | | | |
| g Other. (If line 11g amount exceeds 10% of line 25, column | | | | |
| | 81,912. | 46,179. | 31,144. | 4,589 |
| (A) amount, list line 11g expenses on Schedule O.). 12 Advertising and promotion | 0. | | | , |
| 13 Office expenses | 252,543. | 221,791. | 20,102. | 10,650 |
| 14 Information technology | 95,890. | 37,051. | 55,157. | 3,682 |
| 15 Royalties | 0. | | | |
| 16 Occupancy | 412,046. | 287,737. | 46,355. | 77,954 |
| 17 Travel | 4,902. | | 4,902. | , |
| 18 Payments of travel or entertainment expenses | , | | , | |
| for any federal, state, or local public officials | 0. | | | |
| 19 Conferences, conventions, and meetings | 233. | | 233. | |
| 20 Interest | 0. | | | |
| 21 Payments to affiliates | 0. | | | |
| 22 Depreciation, depletion, and amortization | 106,965. | 68,349. | 12,731. | 25,885 |
| 23 Insurance | 16,812. | 10,898. | 2,354. | 3,560 |
| 24 Other expenses. Itemize expenses not covered | | | | |
| above (List miscellaneous expenses on line 24e. If | | | | |
| line 24e amount exceeds 10% of line 25, column | | | | |
| (A) amount, list line 24e expenses on Schedule O.) | | | | |
| PROJECT PRODUCTION | 39,891. | 39,891. | | |
| PROFESSIONAL DEVELOPMENT | 7,762. | 306. | 7,456. | |
| c ^{MISCELLANEOUS} | 8,721. | 4,286. | 3,153. | 1,282 |
| d | | | | |
| e All other expenses | | | | |
| 25 Total functional expenses. Add lines 1 through 24e | 9,680,430. | 8,495,450. | 656,025. | 528,955 |
| 26 Joint costs. Complete this line only if the organization reported in column (B) joint costs | | | | |
| from a combined educational campaign and fundraising solicitation. Check here | | | | |
| following SOP 98-2 (ASC 958-720) | 0. | | | |

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Form 990 (2020)

| Page ' | 11 |
|--------|----|
|--------|----|

| | Check if Schedule O contains a response or note to any line in this Pa | | · • • • • | |
|----------------------------|--|---------------------------------------|-----------|---------------------------|
| | | (A) Beginning of year | | (B) End of year |
| 1 | Cash - non-interest-bearing | 3,368,955. 1 | 1 | 2,456,392 |
| 2 | Savings and temporary cash investments | 2,967,945. | 2 | 2,898,736 |
| 3 | Pledges and grants receivable, net | 390,925. | 3 | 508,611 |
| 4 | Accounts receivable, net. | 0.4 | 4 | |
| 5 | Loans and other receivables from any current or former officer, director, | | | |
| | trustee, key employee, creator or founder, substantial contributor, or 35% | | | |
| | controlled entity or family member of any of these persons | 0.5 | 5 | |
| 6 | Loans and other receivables from other disqualified persons (as defined | | | |
| | under section 4958(f)(1)), and persons described in section 4958(c)(3)(B) | 0. e | 6 | |
| 7 | Notes and loans receivable, net | 25,984. 7 | 7 | 95,15 |
| 7 8 9 | Inventories for sale or use | Ο. ε | в | |
| 9 | Prepaid expenses and deferred charges | 50,305. g | 9 | 47,17 |
| 10 a | Land, buildings, and equipment: cost or other | | | |
| | basis. Complete Part VI of Schedule D 10a 2,349,229. | | | |
| b | Less: accumulated depreciation 10b 2,263,303. | 127,000.10 | 0c | 85,92 |
| 11 | Investments - publicly traded securities. | 2,202,214. 1 | | 2,681,20 |
| 12 | Investments - other securities. See Part IV, line 11 | 0.1 | | |
| 13 | Investments - program-related. See Part IV, line 11 | 0.1 | | |
| 14 | Intangible assets | 0.1 | | |
| 15 | Other assets. See Part IV, line 11 | 37,478. 1 | | 6,19 |
| 16 | Total assets. Add lines 1 through 15 (must equal line 33) | 9,170,806. 1 | - | 8,779,39 |
| 17 | Accounts payable and accrued expenses | 819,211. 1 | - | 165,36 |
| 18 | Grants payable | <u> </u> | 8 | • |
| 19 | Deferred revenue. | 2,091,321. 1 | - | 1,467,02 |
| 20 | Tax-exempt bond liabilities. | 0.2 | - | |
| 21 | Escrow or custodial account liability. Complete Part IV of Schedule D. | 0.2 | | |
| | Loans and other payables to any current or former officer, director, | _ | • | |
| | trustee, key employee, creator or founder, substantial contributor, or 35% | | | |
| 22 | controlled entity or family member of any of these persons | 0.2 | 2 | |
| 23 | Secured mortgages and notes payable to unrelated third parties | 0.2 | | |
| 24 | Unsecured notes and loans payable to unrelated third parties | 0.2 | | |
| 25 | Other liabilities (including federal income tax, payables to related third | | | |
| 23 | parties, and other liabilities not included on lines 17-24). Complete Part X | | | |
| | of Schedule D | 1,167,466. 2 | 5 | 1,149,61 |
| 26 | Total liabilities. Add lines 17 through 25. | | 6 | 2,782,00 |
| - | Organizations that follow FASB ASC 958, check here ► X and complete lines 27, 28, 32, and 33. | | .0 | |
| 27 | | 859,763. 2 | _ | 1,669,19 |
| 27 | Net assets without donor restrictions | | 27 | 4,328,18 |
| 28 | Net assets with donor restrictions. | 3,342,077. 2 | 28 | 4,320,10 |
| | Organizations that do not follow FASB ASC 958, check here ► and complete lines 29 through 33. | | | |
| 29 | Capital stock or trust principal, or current funds | 2 | 9 | |
| 27 28 29 30 31 | Paid-in or capital surplus, or land, building, or equipment fund | | 30 | |
| 31 | Retained earnings, endowment, accumulated income, or other funds. | | 51 | |
| 32 | Total net assets or fund balances | | 52 | 5,997,38 |
| 32 33 | Total liabilities and net assets/fund balances | | 3 | 8,779,39 |
| | | · · · · · · · · · · · · · · · · · · · | · • | ,, |

JSA

NEW YORK FOUNDATION FOR THE ARTS INC.

| Form 99 | 90 (2020) | | | Paç | ge 12 |
|---------|--|------------|-------------------|------|--------------|
| Part | XI Reconciliation of Net Assets | | | | |
| | Check if Schedule O contains a response or note to any line in this Part XI | <u></u> | <u></u> | | |
| 1 | Total revenue (must equal Part VIII, column (A), line 12) | 1 | 10,9 | | |
| 2 | Total expenses (must equal Part IX, column (A), line 25) | 2 | | 80,4 | |
| 3 | Revenue less expenses. Subtract line 2 from line 1 | 3 | 3 1,314,83 | | |
| 4 | Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A)) | 4 | | 01,8 | |
| 5 | Net unrealized gains (losses) on investments | 5 | 2 | 80,7 | 08. |
| 6 | Donated services and use of facilities | 6 | | | 0. |
| 7 | Investment expenses | 7 | | | 0. |
| 8 | Prior period adjustments | 8 | | | 0. |
| 9 | Other changes in net assets or fund balances (explain on Schedule O) | 9 | | | 0. |
| 10 | Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line | | | | |
| | 32, column (B)) | 10 | 5,9 | 97,3 | 85. |
| Part | | | | | |
| | Check if Schedule O contains a response or note to any line in this Part XII | | <u></u> | | |
| | | | | Yes | No |
| 1 | Accounting method used to prepare the Form 990: Cash X Accrual Other | | | | |
| | If the organization changed its method of accounting from a prior year or checked "Other," e | explain in | | | |
| | Schedule O. | | | | |
| 2a | Were the organization's financial statements compiled or reviewed by an independent accountant?. | | | | X |
| | If "Yes," check a box below to indicate whether the financial statements for the year were cor | npiled or | | | |
| | reviewed on a separate basis, consolidated basis, or both: | | | | |
| | Separate basis Consolidated basis Both consolidated and separate basis | | | 37 | |
| b | Were the organization's financial statements audited by an independent accountant? | | | Х | |
| | If "Yes," check a box below to indicate whether the financial statements for the year were aud | ited on a | | | |
| | separate basis, consolidated basis, or both: | | | | |
| | X Separate basis Consolidated basis Both consolidated and separate basis | | | | |
| С | If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for over | - | | x | |
| | the audit, review, or compilation of its financial statements and selection of an independent accounta | | | Λ | |
| | If the organization changed either its oversight process or selection process during the tax year, e | xplain on | | | |
| | Schedule O. | | | | |
| 3a | As a result of a federal award, was the organization required to undergo an audit or audits as set fo | rth in the | | | х |
| - | Single Audit Act and OMB Circular A-133? | | . 3a | | Δ |
| b | If "Yes," did the organization undergo the required audit or audits? If the organization did not und | • | | | |
| | required audit or audits, explain why on Schedule O and describe any steps taken to undergo such a | udits | . 3b | 000 | |

Form **990** (2020)

| SCHEDULE A |
|----------------------|
| (Form 990 or 990-EZ) |

Public Charity Status and Public Support Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust. Attach to Form 990 or Form 990-EZ.

OMB No. 1545-0047 2020

| | | nt of the Treasury evenue Service | | | V/Form990 for instruction | | | information. | Open to Public Inspection |
|----------|--------------|---|--|---|---|---|---|---|--|
| Nam | e of t | he organization | | | | | | Employer identifi | |
| NE | V Y | ORK FOUNDA | TION FOR 7 | THE ARTS INC. | | | | 23-71295 | 64 |
| Ра | rt I | Reason fo | r Public Cha | rity Status. (All | organizations must | comple | te this p | art.) See instructions | δ. |
| The | org | anization is not | a private fou | ndation because it | is: (For lines 1 through | gh 12, ch | neck only | one box.) | |
| 1 | | | | | tion of churches desc | | | | |
| 2 | | | | | . (Attach Schedule E | - | | | |
| 3 | | - | - | | rganization described | | | | |
| 4 | | | • | | conjunction with a ho | spital de | scribed i | n section 170(b)(1)(A) | (iii). Enter the |
| _ | | hospital's nan | | - | | | | | |
| 5 | | section 170(b |)(1)(A)(iv). (C | Complete Part II.) | | - | | | ental unit described in |
| 6 | | | - | - | rnmental unit describe | | | | |
| 7 | Х | • | | • | | pport fr | om a go | vernmental unit or fro | om the general public |
| | | | | (1)(A)(vi). (Compl | | | | | |
| 8 | | | | | b)(1)(A)(vi). (Complete | | | | |
| 9 | | • | | | | | • | d in conjunction with a | • • |
| | | or university c | or a non-land- | grant college of ac | griculture (see instruct | tions). E | nter the | name, city, and state o | f the college or |
| 10 | | receipts from support from acquired by th | activities rela gross investm ne organizatio | ted to its exempt f pent income and u in after June 30, 1 | unctions, subject to c nrelated business tax 975. See section 509 | ertain ex able inco (a)(2). (0 | xceptions ome (les Complete | | n 331/3 % of its |
| 11 12 | | • | • | | usively to test for publ | | | | arry out the purposes |
| 12 | | - | - | | | - | | | see section 509(a)(3). |
| | | | | | | | | | nes 12e, 12f, and 12g. |
| 2 | Г | | | - | | | | orted organization(s), | - |
| а | | the support | ed organizatio | on(s) the power to | regularly appoint or e | lect a m | | f the directors or truste | |
| L. | Г | | - | - | e Part IV, Sections A | | مبالغة الم | our arted areani-ati | an(a) hu hauing |
| b | | | | | | | | s supported organizations that control or man | |
| | | | - | | , Sections A and C. | ine sam | le persoi | | age the supported |
| с | Г | | . , | | | ated in c | onnoctio | n with, and functional | lly intograted with |
| C | | | | | ns). You must comple | | | | ily integrated with, |
| d | Γ | | - | | | | | ection with its suppor | ted organization(s) |
| ŭ | | | - | | | - | | oution requirement and | - · · |
| | | | - | | omplete Part IV, Sect | - | | | |
| е | Γ | | • | , | • | | | hat it is a Type I, Type I | I, Type III |
| | | | - | | ionally integrated sup | | | | |
| f | En | | - | | | | - | | |
| g | Pre | ovide the follow | ving informatio | on about the suppo | orted organization(s). | | | | |
| | (i) N | ame of supported | organization | (ii) EIN | (iii) Type of organization (described on lines 1-10 above (see instructions)) | listed in yo | organization our governing iment? | (v) Amount of monetary support (see instructions) | (vi) Amount of other support (see instructions) |
| | | | | | | Yes | No | | |
| (A) | | | | | | | | | |
| (B) | | | | | | | | | |
| (C) | | | | | | | | | |
| | | | | | | | | | |
| (D) | | | | | | | | | |
| (E) | | | | | | | | | |
| Tota | al | | | | | | | | |
| For I | Paper | work Reduction A | ct Notice, see th | e Instructions for Form | 990 or 990-EZ. | | | Schedule A | (Form 990 or 990-EZ) 2020 |

Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi) (Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

| <u>Sec</u> | tion A. Public Support | | | | | | |
|-----------------|--|--------------------|-------------------|-----------------|-----------------|------------|----------------|
| Cale | ndar year (or fiscal year beginning in) 🕨 | (a) 2016 | (b) 2017 | (c) 2018 | (d) 2019 | (e) 2020 | (f) Total |
| 1 | Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") | 6,423,078. | 6,057,852. | 6,692,624. | 9,206,474. | 9,865,492. | 38,245,520. |
| 2 | Tax revenues levied for the organization's benefit and either paid to or expended on its behalf | | | | | | 0. |
| 3 | The value of services or facilities furnished by a governmental unit to the organization without charge | | | | | | 0. |
| 4 | Total. Add lines 1 through 3 | 6,423,078. | 6,057,852. | 6,692,624. | 9,206,474. | 9,865,492. | 38,245,520. |
| 5 | The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount | | | | | | |
| c | shown on line 11, column (f) | | | | | | 1,125,760. |
| $\frac{6}{800}$ | Public support. Subtract line 5 from line 4 tion B. Total Support | | | | | | 37,119,760. |
| | ndar year (or fiscal year beginning in) ► | (a) 2016 | (b) 2017 | (c) 2018 | (d) 2019 | (e) 2020 | (f) Total |
| 7 | Amounts from line 4 | 6,423,078. | 6,057,852. | 6,692,624. | 9,206,474. | 9,865,492. | 38,245,520. |
| 8 | Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources | 60,492. | 84,481. | 86,863. | 85,234. | 67,514. | 384,584. |
| 9 | Net income from unrelated business activities, whether or not the business is regularly carried on | | | | | | 0. |
| 10 | Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) | | | | | | 0. |
| 11 | Total support. Add lines 7 through 10 | | | | | | 38,630,104. |
| 12 | Gross receipts from related activities, etc. (s | ee instructions) . | | | | 12 | 7,210,256. |
| 13 | First 5 years. If the Form 990 is for organization, check this box and stop here. | <u> </u> | | | | | |
| Sec | tion C. Computation of Public Sup | port Percenta | ge | | | | |
| 14 | Public support percentage for 2020 (lin | ne 6, column (f) | , divided by line | 11, column (f)) | | 14 | 96.09 % |
| 15 | Public support percentage from 2019 | | | | | 15 | 98.72% |
| 16a | 331/3% support test - 2020. If the org | | | | | | |
| | box and stop here. The organization qu | | | | | | |
| b | 331/3% support test - 2019. If the org | | | | | | |
| | this box and stop here. The organization | | | - | | | |
| 17a | 10%-facts-and-circumstances test - 2 | • | | | | | |
| | 10% or more, and if the organization | | | | | - | |
| | Part VI how the organization meets | | | • | • | | |
| | organization | | | | | | |
| b | 10%-facts-and-circumstances test - 2 | | | | | | |
| | 15 is 10% or more, and if the organiz | | | | | - | - |
| | in Part VI how the organization meets | | | - | - | | |
| 40 | organization | | | | | | |
| 18 | Private foundation. If the organizatio | | | | | | |
| | instructions | | | | | | <u> 🟲 🗀</u> |

Schedule A (Form 990 or 990-EZ) 2020

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Schedule A (Form 990 or 990-EZ) 2020

Support Schedule for Organizations Described in Section 509(a)(2) Part III (Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

| <u>Sec</u> | tion A. Public Support | | | | | | |
|--------------|---|-----------------------|--------------------------|--------------------|------------------|--------------------|------------|
| Cale | ndar year (or fiscal year beginning in) 🕨 | (a) 2016 | (b) 2017 | (c) 2018 | (d) 2019 | (e) 2020 | (f) Total |
| 1 | Gifts, grants, contributions, and membership fees | | | | | | |
| | received. (Do not include any "unusual grants.") | | | | | | |
| 2 | Gross receipts from admissions, merchandise | | | | | | |
| | sold or services performed, or facilities | | | | | | |
| | furnished in any activity that is related to the | | | | | | |
| | organization's tax-exempt purpose | | | | | | |
| 3 | Gross receipts from activities that are not an | | | | | | |
| | unrelated trade or business under section 513 | | | | | | |
| 4 | Tax revenues levied for the | | | | | | |
| | organization's benefit and either paid to | | | | | | |
| | or expended on its behalf | | | | | | |
| 5 | The value of services or facilities | | | | | | |
| | furnished by a governmental unit to the | | | | | | |
| | organization without charge | | | | | | |
| 6 | Total. Add lines 1 through 5 | | | | | | |
| 7 a | Amounts included on lines 1, 2, and 3 | | | | | | |
| | received from disqualified persons | | | | | | |
| D | Amounts included on lines 2 and 3 received from other than disqualified | | | | | | |
| | persons that exceed the greater of \$5,000 | | | | | | |
| | or 1% of the amount on line 13 for the year | | | | | | |
| | Add lines 7a and 7b | | | | | | |
| 8 | Public support. (Subtract line 7c from | | | | | | |
| <u> </u> | tion B. Total Support | | | | | | |
| | ndar year (or fiscal year beginning in) | (a) 2016 | (b) 2017 | (c) 2018 | (d) 2019 | (e) 2020 | (f) Total |
| | Amounts from line 6. | (4) 2010 | (0) 2011 | (0) 2010 | (4) 2010 | (0)2020 | |
| 9 10 a | Gross income from interest, dividends, | | | | | | |
| | payments received on securities loans, | | | | | | |
| | rents, royalties, and income from similar sources | | | | | | |
| b | Unrelated business taxable income (less | | | | | | |
| 2 | section 511 taxes) from businesses | | | | | | |
| | acquired after June 30, 1975 | | | | | | |
| с | Add lines 10a and 10b | | | | | | |
| 11 | Net income from unrelated business | | | | | | |
| | activities not included in line 10b, whether | | | | | | |
| | or not the business is regularly carried on. | | | | | | |
| 12 | Other income. Do not include gain or | | | | | | |
| 12 | loss from the sale of capital assets | | | | | | |
| | (Explain in Part VI.) | | | | | | |
| 13 | Total support. (Add lines 9, 10c, 11, | | | | | | |
| | and 12.) | | | | | | |
| 14 | First 5 years. If the Form 990 is for | the organizati | on's first, secon | d, third, fourth, | or fifth tax ye | ar as a section | 501(c)(3) |
| | organization, check this box and stop here | | | | | | |
| Sec | tion C. Computation of Public Supp | port Percenta | ge | | | | |
| 15 | Public support percentage for 2020 (line 8, | , column (f), divid | ed by line 13, colu | ımn (f)) | | 15 | % |
| 16 | Public support percentage from 2019 Sche | dule A, Part III, lir | ne 15 | | | 16 | % |
| Sec | tion D. Computation of Investment | t Income Perc | centage | | | | |
| 17 | Investment income percentage for 2020 (lin | ne 10c, column (| f), divided by line | 13, column (f)) | | 17 | % |
| 18 | Investment income percentage from 2019 | Schedule A, Part | III, line 17 | | | 18 | % |
| 19 a | 331/3% support tests - 2020. If the or | ganization did n | ot check the bo | ox on line 14, ar | nd line 15 is mo | ore than 331/3% | , and line |
| | 17 is not more than 331/3%, check this | s box and stop | here. The orga | nization qualifies | as a publicly su | upported organiza | ation . ► |
| b | 331/3% support tests - 2019. If the orga | anization did not | check a box on | line 14 or line 1 | 19a, and line 16 | is more than 33 | 1/3 %, and |
| | line 18 is not more than 331/3%, check | this box and st | t op here. The or | ganization qualifi | es as a publicly | supported organi | ization 🕨 |
| 20 | Private foundation. If the organization of | did not check a | a box on line 1 | 4, 19a, or 19b, | check this box | and see instruc | ctions |
| JSA 0E122 | 11.000 0990NT V01B 5/12/2022 1 | | | | | Schedule A (Form 9 | - |
| | 0990NT V01B 5/12/2022 1 | :38:14 PM | V 20-7.21 | 1 | 181707 | | PAGE 1 |

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Yes No

1

2

3a

3b

3c

4a

4b

4c

5a

5b

5c

6

7

8

9a

9b

9c

10a

Part IV Supporting Organizations

(Complete only if you checked a box in line 12 on Part I. If you checked box 12a, Part I, complete Sections A and B. If you checked box 12b, Part I, complete Sections A and C. If you checked box 12c, Part I, complete Sections A, D, and E. If you checked box 12d, Part I, complete Sections A and D, and complete Part V.)

Section A. All Supporting Organizations

- 1 Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in **Part VI** how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.
- 2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in **Part VI** how the organization determined that the supported organization was described in section 509(a)(1) or (2).
- **3a** Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer lines 3b and 3c below.
- **b** Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? *If "Yes," describe in Part VI when and how the organization made the determination.*
- c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in **Part VI** what controls the organization put in place to ensure such use.
- 4a Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes," and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.
- **b** Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in **Part VI** how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.
- **c** Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in **Part VI** what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.
- 5a Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer lines 5b and 5c below (if applicable). Also, provide detail in **Part VI**, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).
- **b Type I or Type II only.** Was any added or substituted supported organization part of a class already designated in the organization's organizing document?
- c Substitutions only. Was the substitution the result of an event beyond the organization's control?
- 6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in **Part VI.**
- 7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? *If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).*
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).
- **9a** Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons, as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in **Part VI.**
- **b** Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? *If "Yes," provide detail in Part VI.*
- c Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? *If "Yes," provide detail in Part VI.*
- **10 a** Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? *If "Yes," answer line 10b below.*
 - **b** Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)

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| Part | V Supporting Organizations (continued) | | Yes | No |
|-------|--|-----|-----|----|
| 11 | Has the organization accepted a gift or contribution from any of the following persons? | | | |
| а | A person who directly or indirectly controls, either alone or together with persons described in lines 11b and | | | |
| | 11c below, the governing body of a supported organization? | 11a | | |
| b | A family member of a person described in line 11a above? | 11b | | |
| С | A 35% controlled entity of a person described in line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide | | | |
| | detail in Part VI. | 11c | | |
| Secti | on B. Type I Supporting Organizations | | | |
| | | | Yes | No |
| | | | | (|

- 1 Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers, directors, or trustees at all times during the tax year? If "No," describe in **Part VI** how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.
- 2 Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in **Part VI** how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization.

Section C. Type II Supporting Organizations

 Yes
 No

 1
 Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s).
 1

Section D. All Type III Supporting Organizations

| | | | Yes | No |
|---|--|---|-----|----|
| 1 | Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously | | | |
| | provided? | 1 | | |
| 2 | Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how | | | |
| | the organization maintained a close and continuous working relationship with the supported organization(s). | | | |
| 3 | By reason of the relationship described in line 2, above, did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? <i>If "Yes," describe in Part VI the role the organization's</i> | | | |
| | supported organizations played in this regard. | 3 | | |

Section E. Type III Functionally Integrated Supporting Organizations

| 1 | Che | ck the box next to the method that the organization used to satisfy the Integral Part Test during the year (see ins | structic | ons). | |
|---|-------|---|----------|--------|-----|
| а | | The organization satisfied the Activities Test. Complete line 2 below. | | | |
| b | | The organization is the parent of each of its supported organizations. Complete line 3 below. | | | |
| С | | The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (se | e instru | uction | s). |
| 2 | Activ | ities Test. Answer lines 2a and 2b below. | | Yes | No |

- a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in **Part VI identify** those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.
- b Did the activities described in line 2a, above, constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.
- 3 Parent of Supported Organizations. *Answer lines 3a and 3b below.*
- **a** Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? *If "Yes" or "No," provide details in Part VI.*
- **b** Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? *If "Yes," describe in Part VI the role played by the organization in this regard.*

2a

2b

3a

3b

1

2

Page 6 Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations Part V Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 (explain in Part VI). See 1 instructions. All other Type III non-functionally integrated supporting organizations must complete Sections A through E. (B) Current Year Section A - Adjusted Net Income (A) Prior Year (optional) 1 Net short-term capital gain 1 Recoveries of prior-year distributions 2 2 3 3 Other gross income (see instructions) 4 Add lines 1 through 3. 4 5 5 Depreciation and depletion 6 Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property 6 held for production of income (see instructions) 7 7 Other expenses (see instructions) 8 Adjusted Net Income (subtract lines 5, 6, and 7 from line 4) 8 (B) Current Year Section B - Minimum Asset Amount (A) Prior Year (optional) 1 Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year): a Average monthly value of securities 1a **b** Average monthly cash balances 1b c Fair market value of other non-exempt-use assets 1c 1d d Total (add lines 1a, 1b, and 1c) e Discount claimed for blockage or other factors (explain in detail in Part VI): 1e 2 2 Acquisition indebtedness applicable to non-exempt-use assets 3 Subtract line 2 from line 1d. 3 Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount, 4 4 see instructions). 5 5 Net value of non-exempt-use assets (subtract line 4 from line 3) 6 Multiply line 5 by 0.035. 6 7 7 Recoveries of prior-year distributions 8 Minimum Asset Amount (add line 7 to line 6) 8 Section C - Distributable Amount Current Year 1 1 Adjusted net income for prior year (from Section A, line 8, column A) 2 Enter 0.85 of line 1. 2 3 Minimum asset amount for prior year (from Section B, line 8, column A) 3 4 Enter greater of line 2 or line 3. 4 5 Income tax imposed in prior year 5 6 Distributable Amount. Subtract line 5 from line 4, unless subject to

emergency temporary reduction (see instructions).

7 Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions).

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|----------|---|------------------------------------|---------------------------------------|----|---|
| Part | | Supporting Organizat | tions (continued) | | |
| Secti | on D - Distributions | | | | Current Year |
| 1 | Amounts paid to supported organizations to accomplish ex | | | 1 | |
| 2 | Amounts paid to perform activity that directly furthers exer | npt purposes of support | ed | | |
| | organizations, in excess of income from activity | | | 2 | |
| 3 | Administrative expenses paid to accomplish exempt purpo | ses of supported organiz | zations | 3 | |
| 4 | Amounts paid to acquire exempt-use assets | | | 4 | |
| 5 | Qualified set-aside amounts (prior IRS approval required - p | rovide details in Part VI) | | 5 | |
| 6 | Other distributions (<i>describe in Part VI</i>). See instructions. | | | 6 | |
| | Total annual distributions. Add lines 1 through 6. | | | 7 | |
| 8 | Distributions to attentive supported organizations to which | the organization is resp | onsive | | |
| | (provide details in Part VI). See instructions. | | | 8 | |
| 9 | Distributable amount for 2020 from Section C, line 6 | | | 9 | |
| 10 | Line 8 amount divided by line 9 amount | | | 10 | |
| Secti | on E - Distribution Allocations (see instructions) | (i) Excess Distributions | (ii) Underdistribution Pre-2020 | IS | (iii) Distributable Amount for 2020 |
| 1 | Distributable amount for 2020 from Section C, line 6 | | | | |
| 2 | Underdistributions, if any, for years prior to 2020 | | | | |
| | (reasonable cause required - <i>explain in Part VI).</i> See | | | | |
| | instructions. | | | | |
| 3 | Excess distributions carryover, if any, to 2020 | | | | |
| а | From 2015 | | | | |
| b | From 2016 | | | | |
| C | From 2017 | | | | |
| d | From 2018 | | | | |
| e | From 2019 | | | | |
| f | Total of lines 3a through 3e | | | | |
| <u>g</u> | Applied to underdistributions of prior years | | | | |
| <u>h</u> | Applied to 2020 distributable amount | | | | |
| | Carryover from 2015 not applied (see instructions) | | | | |
| | Remainder. Subtract lines 3g, 3h, and 3i from line 3f. | | | | |
| 4 | Distributions for 2020 from Section D, line 7: \$ | | | | |
| | Section D, line 7: \$ Applied to underdistributions of prior years | | | | |
| a b | Applied to 2020 distributable amount | | | | |
| | Remainder. Subtract lines 4a and 4b from line 4. | | | | |
| 5 | Remaining underdistributions for years prior to 2020, if | | | | |
| 5 | any. Subtract lines 3g and 4a from line 2. For result | | | | |
| | greater than zero, <i>explain in Part VI.</i> See instructions. | | | | |
| 6 | Remaining underdistributions for 2020. Subtract lines 3h | | | _ | |
| Ū | and 4b from line 1. For result greater than zero, <i>explain in</i> | | | | |
| | Part VI. See instructions. | | | | |
| 7 | Excess distributions carryover to 2021. Add lines 3j | | | | |
| - | and 4c. | | | | |
| 8 | Breakdown of line 7: | | | | |
| a | Excess from 2016 | | | | |
| b | Excess from 2017 | | | | |
| С | Excess from 2018 | | | | |
| d | Excess from 2019 | | | | |
| е | Excess from 2020 | | | | |
| | | | 0-1 | | A (Form 000 or 000 EZ) 2020 |

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Schedule A (Form 990 or 990-EZ) 2020

Part VI Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a and 3b; Part V, line 1; Part V, Section B, line 1e; Part V, Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions.)

Schedule B

(Form 990, 990-EZ, or 990-PF) Department of the Treasury Internal Revenue Service

Schedule of Contributors

Attach to Form 990, Form 990-EZ, or Form 990-PF. Go to www.irs.gov/Form990 for the latest information. OMB No 1545-0047

Name of the organization

NEW YORK FOUNDATION FOR THE ARTS INC.

Employer identification number

23-7129564

| Organization | type | (check | one): |
|--------------|------|--------|-------|
|--------------|------|--------|-------|

| Filers of: | Section: |
|--------------------|--|
| Form 990 or 990-EZ | X 501(c)(3) (enter number) organization |
| | 4947(a)(1) nonexempt charitable trust not treated as a private foundation |
| | 527 political organization |
| Form 990-PF | 501(c)(3) exempt private foundation |
| | 4947(a)(1) nonexempt charitable trust treated as a private foundation |
| | 501(c)(3) taxable private foundation |

Check if your organization is covered by the General Rule or a Special Rule.

Note: Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.

General Rule

For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.

Special Rules

X For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II.

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering "N/A" in column (b) instead of the contributor name and address), II, and III.

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions exclusively for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc., purpose. Don't complete any of the parts unless the General Rule applies to this organization because it received nonexclusively religious, charitable, etc., contributions totaling \$5,000 or more during the year * \$

Caution: An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990, 990-EZ, or 990-PF), but it must answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

| Part I | Contributors (see instructions). Use duplicate copies of Part I if additional space is needed. | | | | | | | | | |
|------------|--|----------------------------|--|--|--|--|--|--|--|--|
| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution | | | | | | | |
| 1 | N/A | \$921,350. | Person X Payroll Noncash (Complete Part II for noncash contributions.) | | | | | | | |
| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution | | | | | | | |
| 2 | <u>N/A</u> | \$276,200. | Person X Payroll Noncash (Complete Part II for noncash contributions.) | | | | | | | |
| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution | | | | | | | |
| 3 | N/A | \$570,480. | Person X Payroll Noncash (Complete Part II for noncash contributions.) | | | | | | | |
| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution | | | | | | | |
| 4 | N/A | \$1,112,500. | Person X Payroll Noncash (Complete Part II for noncash contributions.) | | | | | | | |
| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution | | | | | | | |
| 5 | N/A | \$283,860. | Person X Payroll Noncash (Complete Part II for noncash contributions.) | | | | | | | |
| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution | | | | | | | |
| 6 | N/A | \$255,400. | Person X Payroll Noncash (Complete Part II for noncash contributions.) | | | | | | | |

Schedule B (Form 990, 990-EZ, or 990-PF) (2020)

JSA

| (a) | (b) | (c) | (d) |
|------------|-----------------------------------|----------------------------|--|
| No. | Name, address, and ZIP + 4 | Total contributions | Type of contribution |
| 7 N/A | | \$1,557,500. | Person X Payroll Noncash (Complete Part II for noncash contributions.) |
| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution |
| | | \$ | Person Payroll Noncash (Complete Part II for noncash contributions.) |
| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution |
| | | \$ | Person Payroll Noncash (Complete Part II for noncash contributions.) |
| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution |
| | | \$ | Person Payroll Noncash (Complete Part II for noncash contributions.) |
| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution |
| | | \$ | Person Payroll Noncash (Complete Part II for noncash contributions.) |
| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution |
| | | \$ | Person Payroll Noncash (Complete Part II for noncash contributions.) |

Schedule B (Form 990, 990-EZ, or 990-PF) (2020)

JSA

Name of organization NEW YORK FOUNDATION FOR THE ARTS INC.

Employer identification number 23-7129564

| Part II | Noncash Property (see instructions). Use duplicate copies | of Part II if additional space is ne | eded. |
|---------------------------|---|---|----------------------|
| (a) No. from Part I | (b) Description of noncash property given | (c) FMV (or estimate) (See instructions.) | (d) Date received |
| | | \$ | |
| (a) No. from Part I | (b) Description of noncash property given | (c) FMV (or estimate) (See instructions.) | (d) Date received |
| | | \$ | |
| (a) No. from Part I | (b) Description of noncash property given | (c) FMV (or estimate) (See instructions.) | (d) Date received |
| | | \$ | |
| (a) No. from Part I | (b) Description of noncash property given | (c) FMV (or estimate) (See instructions.) | (d) Date received |
| | | \$ | |
| (a) No. from Part I | (b) Description of noncash property given | (c) FMV (or estimate) (See instructions.) | (d) Date received |
| | | \$ | |
| (a) No. from Part I | (b) Description of noncash property given | (c) FMV (or estimate) (See instructions.) | (d) Date received |
| | | \$ | |

Schedule B (Form 990, 990-EZ, or 990-PF) (2020)

JSA

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| Schedule B (Form 990, 990-EZ, or 990-PF) (2020) | | | | | | | | ge 4 | |
|---|-----|------|------------|-----|-----|------|------|--------------------------------|--|
| Name of organization | NEW | YORK | FOUNDATION | FOR | THE | ARTS | INC. | Employer identification number | |
| | | | | | | | | 23-7129564 | |

| Part III Exclusively religious, charitable, etc., contributions to organizations described in section 501 (10) that total more than \$1,000 for the year from any one contributor. Complete columns (a the following line entry. For organizations completing Part III, enter the total of exclusively religiou contributions of \$1,000 or less for the year. (Enter this information once. See instructions.) ► \$ Use duplicate copies of Part III if additional space is needed. | | | | | | | |
|--|--------------------------------|--------------------------|---|---|--|--|--|
| (a) No. from | (b) Purpose of gift | (c) Use | of gift | (d) Description of how gift is held | | | |
| Part I | | | | | | | |
| | | (e) Transf | er of gift | | | | |
| | Transferee's name, address, ar | nd ZIP + 4 | Relation | nship of transferor to transferee | | | |
| (a) No. from Part I | (b) Purpose of gift | (c) Use | of gift | (d) Description of how gift is held | | | |
| | | | | | | | |
| | Transferee's name, address, ar | (e) Transf nd ZIP + 4 | | nship of transferor to transferee | | | |
| | | | | | | | |
| (a) No. from Part I | (b) Purpose of gift | (c) Use | of gift | (d) Description of how gift is held | | | |
| | | | | | | | |
| | Transferee's name, address, ar | (e) Transf nd ZIP + 4 | fer of gift Relationship of transferor to transferee | | | | |
| | | | | | | | |
| (a) No. from Part I | (b) Purpose of gift | (c) Use | of gift | (d) Description of how gift is held | | | |
| | | | | | | | |
| | (e) Transfer of gift | | | | | | |
| | Transferee's name, address, ar | nd ZIP + 4 | Relation | nship of transferor to transferee | | | |
| | | | | | | | |
| JSA | | | | Schedule B (Form 990, 990-EZ, or 990-PF) (2020) | | | |

| SCHEE | DULE | D |
|-------|------|---|
| (Form | 990) | |

Supplemental Financial Statements Complete if the organization answered "Yes" on Form 990,

Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.

► Attach to Form 990. ► Go to www.irs.gov/Form990 for instructions and the latest information. **Open to Public** Inspection

2

OMB No. 1545-0047

20

| Depar | tment of the Treasury | | Attach to Form 990. | Open to Public |
|--------|-----------------------|--|--|--|
| | al Revenue Service | Go to www.irs.gov/ | /Form990 for instructions and the latest inf | |
| Name | of the organization | | | Employer identification number |
| NEW | | TION FOR THE ARTS INC. | | 23-7129564 |
| Pa | | | ised Funds or Other Similar Funds | or Accounts. |
| | Complete | e if the organization answered | "Yes" on Form 990, Part IV, line 6. | |
| | | | (a) Donor advised funds | (b) Funds and other accounts |
| 1 | Total number at e | end of year | | |
| 2 | | of contributions to (during year) | | |
| 3 | | of grants from (during year) | | |
| 4 | | at end of year | | |
| 5 | | - | advisors in writing that the assets he | ald in donor advised |
| 5 | 0 | | 5 | |
| ~ | - | | organization's exclusive legal control? | |
| 6 | - | - | and donor advisors in writing that gran | |
| | • | | fit of the donor or donor advisor, or fo | |
| | | | <u> </u> | Yes 🛄 No |
| Pa | | ation Easements. | | |
| | | _ | "Yes" on Form 990, Part IV, line 7. | |
| 1 | | nservation easements held by the | | |
| | | on of land for public use (for example | | on of a historically important land area |
| | | of natural habitat | Preservati | on of a certified historic structure |
| | Preservation | on of open space | | |
| 2 | Complete lines 2a | a through 2d if the organization he | eld a qualified conservation contribution | n in the form of a conservation |
| | easement on the | last day of the tax year. | | Held at the End of the Tax Year |
| а | Total number of c | conservation easements | | 2a |
| b | Total acreage res | stricted by conservation easements | 3 | 2b |
| с | - | - | historic structure included in (a) | |
| d | | | acquired after 7/25/06, and not on a | |
| | | | | |
| 3 | | | | rminated by the organization during the |
| °. | tax year ► | | noronoa, roioacoa, oxingulorioa, or to | initiation by the organization during the |
| 4 | | | rvation easement is located ► | |
| 5 | | | garding the periodic monitoring, insp | ection handling of |
| 3 | | | sements it holds? | |
| c | | | | |
| 6 | | nours devoted to monitoring, insp | ecting, handling of violations, and enforce | ing conservation easements during the year |
| - | | | tion boundling of the lations and a family | |
| 7 | Amount of expense | ses incurred in monitoring, inspect | ting, handling of violations, and enforcing | g conservation easements during the year |
| _ | ►\$ | | | |
| 8 | | • | 2(d) above satisfy the requirements of se | |
| | and section 170(h | ı)(4)(B)(ii)? | | Yes 📖 No |
| 9 | • | o 1 | conservation easements in its revenue | • |
| | | | of the footnote to the organization's fina | ancial statements that describes the |
| | | counting for conservation easeme | | |
| Pa | | | of Art, Historical Treasures, or Ot | her Similar Assets. |
| | Complete | e if the organization answered | "Yes" on Form 990, Part IV, line 8. | |
| 1a | If the organization | n elected, as permitted under FA | SB ASC 958, not to report in its reve | enue statement and balance sheet works |
| | of art, historical | treasures, or other similar asset | ts held for public exhibition, education to its financial statements that describe | on, or research in furtherance of public |
| | | | | |
| b | | | | e statement and balance sheet works of research in furtherance of public service, |
| | | ving amounts relating to these iter | | research in furtherance of public service, |
| | • | u | | ▶\$ |
| | | | | |
| • | | | | |
| 2 | - | | | ar assets for financial gain, provide the |
| | | | ASB ASC 958 relating to these items: | ► |
| a ⊾ | | | | |
| b | | | | |
| For P | aperwork Reduction | n Act Notice, see the Instructions for | Form 990. | Schedule D (Form 990) 2020 |

| | NEW | YORK | FOUNDATI | ION FOR | THE AF | RTS II | NC. | | | 23-71 | .29564 | | |
|--------|--|--|---------------|-----------------|-------------|---------------|--------|------------|----------------|---------------|-----------|----------|---------------|
| Schee | dule D (Form 990) 2020 | | | | | | | | | | | | Page 2 |
| Ра | rt III Organizations Maintaini | ng Colle | ections of | Art, Histo | rical Tre | easure | s, or | Other | Simila | ar Assets | (contin | ued) | |
| 3 | Using the organization's acquisition | on, acces | sion, and o | ther recor | ds, checl | k any c | of the | follow | ing that | at make sig | nifican | use | of its |
| | collection items (check all that app | | | | | | | | • | | | | |
| а | Public exhibition | , | | d | loan | or exch | ange | program | m | | | | |
| b | Scholarly research | | | e | Other | | ange | p. 0 g. c. | •• | | | | |
| | Preservation for future gene | rationa | | | | | | | | | | | |
| c | | | | ا من م | | ula | | 41 | | | | | Dent |
| 4 | Provide a description of the organ | nizations | collections | and expla | ain now 1 | they tu | rtner | the org | ganizat | ion's exem | pt purp | ose ir | Part |
| _ | XIII. | | | | | | | | | | | | |
| 5 | During the year, did the organization | | | | | | | | | | | _ | - |
| | assets to be sold to raise funds rath | | | ained as pa | rt of the o | organiz | ation' | s collec | ction? | | Ye | s | No |
| Pa | rt IV Escrow and Custodial A | | | | | | | | | | | | |
| | Complete if the organiza | ation ans | swered "Ye | s" on For | m 990, F | Part IV, | , line | 9, or re | eporte | d an amou | unt on I | orm | |
| | 990, Part X, line 21. | | | | | | | | | | | | |
| 1a | Is the organization an agent, trus | tee, cust | odian or ot | ther interm | ediary fo | or cont | ributi | ons or | other | assets not | | | |
| | included on Form 990, Part X? | | | | | | | | | | Ye | s | No |
| b | If "Yes," explain the arrangement i | | | | | | | | | | | | _ |
| | | | | | | | | | | Amour | nt | | |
| с | Beginning balance | | | | | | 1c | | | 7.1110.01 | | | |
| с 4 | Additions during the year | | | | | | | | | | | | |
| u | | | | | | | 1d | | | | | | |
| e | Distributions during the year | | | | | | 1e | | | | | | |
| T | Ending balance | | | | | | 1f | | | | | | |
| 2a | Did the organization include an am | | | | - | | | | | | Ye | _ | No |
| | If "Yes," explain the arrangement i | n Part XI | II. Check he | ere if the e | planation | has be | en pr | ovided | on Part | XIII | | | |
| Pa | rt V Endowment Funds. | | | | | | | | | | | | |
| | Complete if the organiza | | | es" on For | m 990, F | | · | | | | | | |
| | | (a) Cu | rrent year | (b) Prio | r year | (c) Tw | o year | s back | (d) Thi | ee years back | (e) Fo | ur years | back |
| 1a | Beginning of year balance | 7 | 19,891. | 69 | 7,855. | | 685 | ,636. | | 702,310 | | 679 | ,206. |
| b | Contributions | | 4,588. | | 7,972. | | | | | | | | |
| U O | | | | | | | | | | | | | |
| C | Net investment earnings, gains, | | 93,272. | 2 | 0,064. | | 29 | ,719. | | 15,238 | | 23 | ,104. |
| | and losses | | 11,000. | | 6,000. | | | ,500. | | 31,912 | | | <u>,</u> |
| d | Grants or scholarships | | 11,000. | | 0,000. | | ± / , | , 500. | | 51,512 | • | | |
| е | Other expenditures for facilities | | | | | | | | | | | | |
| | and programs | | | | | | | | | | _ | | |
| f | Administrative expenses | | 06 851 | | 1 | | 600 | 0.5.5 | | <u></u> | | | 1 - 0 |
| g | End of year balance | 8 | 06,751. | 71 | 9,891. | | 697 | ,855. | | 685,636 | • | 702 | ,310. |
| 2 | Provide the estimated percentage | of the cu | irrent year e | end balanc | e (line 1g, | columr | n (a)) | held as: | | | | | |
| а | Board designated or quasi-endown | | | % | | | | | | | | | |
| b | Permanent endowment 67.0 | 000 % | | | | | | | | | | | |
| С | Term endowment ► 33.0000 | % | | | | | | | | | | | |
| | The percentages on lines 2a, 2b, a | and 2c sh | ould equal 1 | 00%. | | | | | | | | | |
| 3a | Are there endowment funds not in | the poss | ession of th | e organiza | tion that | are hel | ld and | d admin | istered | for the | | | |
| | organization by: | • | | 0 | | | | | | | | Yes | No |
| | (i) Unrelated organizations | | | | | | | | | | 3a(i | | X |
| | (ii) Related organizations | | | | | | | | | | 3a(i | | x |
| h | If "Yes" on line 3a(ii), are the related | | | | | | | | | | | | |
| | | 0 | | • | | | | | | | 50 | | |
| 4 | Describe in Part XIII the intended unter the intended unter the second s | | | uon s endo | winent fül | ius. | | | | | | | <u> </u> |
| Pa | rt VI Land, Buildings, and Equ Complete if the organize | ation and | swered "Ye | es" on Foi | m 990. | Part IV | . line | 11a. S | See Fo | orm 990. P | art X. I | ne 10 |). |
| | Description of property | | (a) Cost or | | (b) Cost | | | | cumulate | | (d) Book | | |
| | | | (invest | | | other) | | | eciation | | | | |
| 1a | Land | | | | | | | | | | | | |
| b | Buildings | | | | | | | | | | | | |
| с | Leasehold improvements | | | | 6 | 502,14 | 42. | | 02,14 | | | | |
| d | Equipment | | | | 3 | 381,8 | 88. | 3 | 81,88 | 38. | | | |
| | Other | | | | 1,3 | 365,19 | 99. | | 79,27 | | | 85, | 926. |
| Tota | I. Add lines 1a through 1e. (Column | (d) mus | t equal Forn | n 990, Part | | | | | | | | | 926. |
| | | 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1 | | , | , | <u>, -</u> /, | | / • • • | | | dule D (F | | |
| | | | | | | | | | | | | | , |

JSA 0E1269 1.000

| Schedule D (F | orm 990) 2020 | | | Page 3 |
|---------------|--|-------------------|---|------------------|
| Part VII | Investments - Other Securities. Complete if the organization answered | "Yes" on Form 990 | , Part IV, line 11b. See Form 990, | Part X, line 12. |
| | (a) Description of security or category (including name of security) | (b) Book value | (c) Method of valuati Cost or end-of-year marke | |
| (1) Financia | al derivatives | | | |
| (2) Closely | held equity interests | | | |
| (3) Other | | | | |
| (A) | | | | |
| (B) | | | | |
| (C) | | | | |
| (D) | | | | |
| (E) | | | | |
| (F) | | | | |
| (G) | | | | |
| (H) | | | | |
| Total. (Colum | n (b) must equal Form 990, Part X, col. (B) line 12.) 🔒 🕨 | | | |
| Part VIII | Investments - Program Related. Complete if the organization answered | "Yes" on Form 990 | , Part IV, line 11c. See Form 990, | Part X, line 13. |
| | (a) Description of investment | (b) Book value | (c) Method of valuation | on: |
| | | | Cost or end-of-year marke | et value |
| (1) | | | | |
| (2) | | | | |
| (3) | | | | |
| (4) | | | | |
| (5) | | | | |
| (6) | | | | |
| (7) | | | | |
| (8) | | | | |
| (9) | | | | |
| | n (b) must equal Form 990, Part X, col. (B) line 13.) 🔒 🕨 | | | |
| Part IX | Other Assets. | | | |
| | Complete if the organization answered | "Yes" on Form 990 | , Part IV, line 11d. See Form 990, | Part X, line 15. |
| | (a) Des | scription | | (b) Book value |
| (1) | | | | |
| (2) | | | | |
| (3) | | | | |
| (4) | | | | |
| (5) | | | | |
| (6) | | | | |
| (7) | | | | |
| (8) | | | | |
| (9) | | | | |
| Total. (Colu | ımn (b) must equal Form 990, Part X, col. (B) li | ine 15.) | | |
| Part X | Other Liabilities. | | | |
| | Complete if the organization answered line 25. | "Yes" on Form 990 | , Part IV, line 11e or 11f. See Forr | n 990, Part X, |
| 1. | (a) Descrip | tion of liability | | (b) Book value |
| (1) Feder | al income taxes | | | |
| | TO EMERGING ORG. | | | 198,911. |
| (3) DEFF | ERED RENT | | | 30,754. |
| | TO MIRLF | | | 919,952. |
| (5) | | | | |
| (6) | | | | |
| (7) | | | | |
| (8) | | | | |
| (9) | | | | |
| | nn (b) must equal Form 990, Part X, col. (B) line 25.) | | | 1,149,617. |
| - | or uncertain tax positions. In Part XIII, provide the | | | |
| | s liability for uncertain tax positions under FASB A | | | |
| | · · · · · · · · · · · · · · · · · · · | | | |

| Schedu | le D (Form 990) 2020 | | Page 4 |
|--------|--|------------|----------------------|
| Part | XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return Complete if the organization answered "Yes" on Form 990, Part IV, line 12a. | n. | |
| 1 | Total revenue, gains, and other support per audited financial statements | 1 | 11,281,685. |
| 2 | Amounts included on line 1 but not on Form 990. Part VIII, line 12: | | |
| а | Net unrealized gains (losses) on investments | | |
| b | Donated services and use of facilities | | |
| c | Recoveries of prior year grants |] | |
| d | Other (Describe in Part XIII.) | | |
| e | Add lines 2a through 2d | 2e | 286,418. |
| 3 | Subtract line 2e from line 1 | 3 | 10,995,267. |
| 4 | Amounts included on Form 990, Part VIII, line 12, but not on line 1: | | |
| a | Investment expenses not included on Form 990, Part VIII, line 7b 4a | | |
| b | Other (Describe in Part XIII.) | 1 | |
| c | Add lines 4a and 4b | 4c | |
| 5 | Total revenue. Add lines 3 and 4c . (<i>This must equal Form 990, Part I, line 12.</i>) | 5 | 10,995,267. |
| Part | | irn. | |
| | Complete if the organization answered "Yes" on Form 990, Part IV, line 12a. | | |
| 1 | Total expenses and losses per audited financial statements | 1 | 9,686,140. |
| 2 | Amounts included on line 1 but not on Form 990, Part IX, line 25: | | |
| a | Donated services and use of facilities | | |
| b | Prior year adjustments | 1 | |
| c | Other losses. | 1 | |
| d | Other (Describe in Part XIII.) 2d 5,710. | 1 | |
| e | Add lines 2a through 2d | 2e | 5,710. |
| 3 | Subtract line 2e from line 1 | 3 | 9,680,430. |
| 4 | Amounts included on Form 990, Part IX, line 25, but not on line 1: | | |
| - | Investment expenses not included on Form 990, Part VIII, line 7b 4a | | |
| a L | Other (Describe in Part XIII.) | 1 | |
| b | Add lines 4a and 4b | 4c | |
| с 5 | Total expenses. Add lines 3 and 4c . (<i>This must equal Form 990, Part I, line 18.</i>). | 5 | 9,680,430. |
| | XIII Supplemental Information. | · · | |
| | e the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; F | Part V. | line 4; Part X, line |
| 2; Par | t XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional inform | nation | |

SEE PAGE 5

Schedule D (Form 990) 2020

SCHEDULE D, PART V, LINE 4

INVESTMENT RETURN ON PERMANENTLY RESTRICTED ENDOWMENT FUNDS ARE INTENDED FOR THE PURPOSE OF ADMINISTERING GRANTS TO ARTISTS.

SCHEDULE D, PART X, LINE 2

ASC 740 FOOTNOTE

MANAGEMENT HAS EVALUATED THEIR INCOME TAX POSITIONS UNDER THE GUIDANCE INCLUDED IN ASC 740. BASED ON THEIR REVIEW, MANAGMENT HAS NOT IDENTIFIED ANY MATERIAL UNCERTAIN TAX POSITIONS TO BE RECORDED OR DISCLOSED IN THE FINANCIAL STATEMENTS.

SCHEDULE D, PART XI, LINE 2D RENTAL EXPENSE: \$5,710

SCHEDULE D, PART XII, LINE 2D

RENTAL EXPENSE: \$5,710

Schedule D (Form 990) 2020

| SCHEDULE G | Supplemental | | | | | | OMB No. 1545-0047 |
|--|---|---|-------------------------------|--|---|--|---|
| (Form 990 or 990-EZ) | Complete if t | he organization answe organization entered | red "Yes" on more than \$1 | Form 990, P 5,000 on For | art IV, line 17, 18, or 1 m 990-EZ, line 6a. | 9, or if the | 2020 |
| Department of the Treasury | | ► Attach o to www.irs.gov/Form | |) or Form 990 | | | Open to Public |
| Internal Revenue Service | Inspection | | | | | | |
| Name of the organization NEW YORK FOUNDA | דר הא דרס דעד או | OTO THO | | | | Employer identificati 23-7129564 | |
| | g Activities. Comp | | ization ar | sworod " | Ves" on Form 9 | | |
| | EZ filers are not re | | | | | | |
| 1 Indicate whether | the organization rais | sed funds through | any of the | following | activities. Check a | all that apply. | |
| a Mail solicita | tions | е | | | non-government g | | |
| | email solicitations | f | | | government grant | S | |
| c Phone solic | | g | Spe | cial fundra | ising events | | |
| d In-person so 2a Did the organiza | | | with any in | مانينا مارانه | oluding officers | ling atoms tructors | |
| or key employee b If "Yes," list the | es listed in Form 990 10 highest paid indiv least \$5,000 by the o | , Part VII) or entity viduals or entities | in connec | tion with p | orofessional fundra | ising services? | Yes No fundraiser is to be |
| (i) Name and add or entity (fu | | (ii) Activity | custody o | ndraiser have or control of outions? | (iv) Gross receipts from activity | (v) Amount paid to (or retained by) fundraiser listed in col. (i) | (vi) Amount paid to (or retained by) organization |
| | | | Yes | No | | | |
| 1 | | | | | | | |
| 2 | | | | | | | |
| 3 | | | | | | | |
| 4 | | | | | | | |
| 5 | | | | | | | |
| 6 | | | | | | | |
| 7 | | | | | | | |
| 8 | | | | | | | |
| 9 | | | | | | | |
| 10 | | | | | | | |
| | | | | | | | |
| | which the organization which the organization of the organization | | | | contributions or | has been notified | l it is exempt from |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |

1181707

Schedule G (Form 990 or 990-E7) 2020

| | events with gross receipts gro | (a) Event #1 NYFA HALL OF FA | (b) Event #2 | (c) Other events | (d) Total events (add col. (a) through |
|--------------------|--|---------------------------------|--|------------------|--|
| a | | (event type) | (event type) | (total number) | col. (c)) |
| Kevenue | 1 Gross receipts | 149,888. | | | 149,888 |
| ř | 2 Less: Contributions3 Gross income (line 1 minus line 2) | | | | 149,888 |
| | 4 Cash prizes | | | | |
| | 5 Noncash prizes | | | | |
| Sesu | 6 Rent/facility costs | | | | |
| Ехре | 7 Food and beverages | | | | |
| Ulrect Expenses | 8 Entertainment | | | | |
| | 9 Other direct expenses | 14,282. | | | 14,282 |
| Revenue | rt III Gaming. Complete if the org \$15,000 on Form 990-EZ, lin | ne 6a. (a) Bingo | (b) Pull tabs/instant bingo/progressive bingo | (c) Other gaming | (d) Total gaming (add col. (a) through col. (c)) |
| e L | 1 Gross revenue | | | | |
| | 1 Gross revenue 2 Cash prizes | | | | |
| | 2 Cash prizes | | | | |
| | | | | | |
| Direct Expenses Re | 2 Cash prizes 3 Noncash prizes 4 Rent/facility costs | | | | |
| | 2 Cash prizes3 Noncash prizes | | Yes% | • Yes% | |
| | 2 Cash prizes 3 Noncash prizes 4 Rent/facility costs 5 Other direct expenses | Yes % No | No | | |
| | 2 Cash prizes 3 Noncash prizes 4 Rent/facility costs 5 Other direct expenses 6 Volunteer labor | Yes % | mn (d) | No ► | |

Schedule G (Form 990 or 990-EZ) 2020

| NEW | YORK | FOUNDATION | FOR | THE | ARTS | INC. |
|-----|------|------------|-----|-----|------|------|
| | | | | | | |

| Sched | lule G (Form 990 or 990-EZ) 2020 | , 177) | 501 | Page 3 |
|-------|---|--------|-----|---------------|
| 11 | Does the organization conduct gaming activities with nonmembers? | | Yes | No |
| 12 | Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity | | | |
| | formed to administer charitable gaming? | Г | Yes | No |
| 13 | Indicate the percentage of gaming activity conducted in: | | | |
| а | The organization's facility 13 | a | | % |
| b | An outside facility | | | % |
| 14 | Enter the name and address of the person who prepares the organization's gaming/special events books a records: | | | |
| | Name ► | | | |
| | Address | | | |
| 15 a | Does the organization have a contract with a third party from whom the organization receives gan | ning _ | | |
| | revenue? | | Yes | No |
| b | If "Yes," enter the amount of gaming revenue received by the organization ► \$ and | d the | | |
| | amount of gaming revenue retained by the third party ► \$ | | | |
| С | If "Yes," enter name and address of the third party: | | | |
| | Name | | | |
| | Address ► | | | |
| 16 | Gaming manager information: | | | |
| | Name ► | | | |
| | | | | |
| | Gaming manager compensation ► \$ | | | |
| | Description of services provided | | | |
| | Director/officer Employee Independent contractor | | | |
| 17 | Mandatory distributions: | | | |
| a | Is the organization required under state law to make charitable distributions from the gaming proce | eds to | | |
| | retain the state gaming license? | | Yes | No |
| b | Enter the amount of distributions required under state law to be distributed to other exempt organiz | | | |
| | or spent in the organization's own exempt activities during the tax year 🕨 \$ | | | |
| Par | t IV Supplemental Information. Provide the explanation required by Part I, line 2b, columns (iii) Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also provide any additional (see instructions). | | | |
| | | | | |

| SCHEDULE I (Form 990) | | | | Assistance t ndividuals in | - | • | | OMB No. 1545-0047 |
|--|--|--------------|------------------------------------|-------------------------------|---------------------------------------|--|---------------------------------------|---------------------------------------|
| (101111000) | | | • | wered "Yes" on F | | | | 2020 |
| | Com | | - | ttach to Form 990 | | , ine 21 of 22. | | Open to Public |
| Department of the Treasury Internal Revenue Service | | ► Go | • | /Form990 for the I | | h | | Inspection |
| Name of the organization | | F 00 | to mm | | | • | Employer identificat | |
| 0 | ATION FOR THE ARTS 1 | INC | | | | | 23-712956 | |
| | nformation on Grants and | | ρ | | | | 25 /12/50 | |
| | zation maintain records to s | | | arante or accieta | noo the grantage | l oligibility for the grapt | c or accistance, and | |
| | eria used to award the grant | | | | | | | X Yes No |
| | IV the organization's proceed | | | | | | | |
| | | | | | | | <i>c</i> 1 10 | |
| | nd Other Assistance to D | | - | | | | | es" on Form 990, |
| Part IV, li | ne 21, for any recipient t | hat received | more than \$5 | ,000. Part II can b | be duplicated if a | additional space is r | needed. | |
| | d address of organization government | (b) EIN | (c) IRC section (if applicable) | (d) Amount of cash grant | (e) Amount of non- cash assistance | (f) Method of valuation (book, FMV, appraisal, other) | (g) Description of noncash assistance | (h) Purpose of grant or assistance |
| (1) YOUTH ARTS NEW YO | IRK | | | | | | | |
| P.O. BOX 363 NEW | YORK, NY 10011 | 20-2662433 | 501(C)(3) | 37,533. | | | | FISCAL SPONSORSHIP |
| (2) CUBAN ARTISTS FUN | ID | | | | | | | |
| | NEW YORK, NY 10016 | 13-4005473 | 501(C)(3) | 78,165. | | | | FISCAL SPONSORSHIP |
| (3) DRUMSONG PRODUCTI | ONS, INC. | | | | | | | |
| P.O. BOX 340716 J | AMAICA, NY 11434 | 06-1550859 | 501(C)(3) | 28,219. | | | | FISCAL SPONSORSHIP |
| (4) APHGANCULTURE MUS | EUM FOUNDATION | | | | | | | |
| 69 SOUTH OXFORD S | TREET BROOKLYN, NY 11217 | 27-1259903 | 501(C)(3) | 14,657. | | | | FISCAL SPONSORSHIP |
| (5) LENAPE CENTER | | | | | | | | |
| 21 EAST 92ND STRE | ET, #2 NEW YORK, NY 10128 | 45-5282136 | 501(C)(3) | 49,930. | | | | FISCAL SPONSORSHIP |
| (6) PARTHENIA | | _ | | | | | | |
| 67-25 47TH AVE WC | OODSIDE, NY 11377 | 77-0698322 | 501(C)(3) | 44,338. | | | | FISCAL SPONSORSHIP |
| (7) THE LUMINAL THEAT | ER CORP. | _ | | | | | | |
| | ET BROOKLYN, NY 11221 | 81-1509359 | 501(C)(3) | 5,134. | | | | FISCAL SPONSORSHIP |
| (8) KODA INC | | _ | | | | | | |
| | BROOKLYN, NY 11216 | 84-4076721 | 501(C)(3) | 43,145. | | | | FISCAL SPONSORSHIP |
| (9) MINERVA FOUNDATIC | | _ | | | | | | |
| | NEW YORK, NY 10002 | 83-4405793 | 501(C)(3) | 40,662. | | | | FISCAL SPONSORSHIP |
| (10) | | - | | | | | | |
| (11) | | _ | | | | | | |
| (12) | | - | | | | | | |
| | per of section 501(c)(3) and | • | • | | | | | 9. |
| | oer of other organizations list on Act Notice, see the Instruct | | | | | <u></u> | | hedule I (Form 990) 2020 |

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Part III Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" on Form 990, Part IV, line 22. Part III can be duplicated if additional space is needed.

| (a) Type of grant or assistance | (b) Number of recipients | (c) Amount of cash grant | (d) Amount of non-cash assistance | (e) Method of valuation (book, FMV, appraisal, other) | (f) Description of non-cash assistance |
|---|--------------------------|--------------------------|-----------------------------------|--|--|
| NYSCA NYFA FELLOWSHIP | 94. | | c1c 000 | | |
| NISCA NIFA FELLOWSHIP | 94. | | 616,000. | | |
| 2 NYC MADE IN NY WOEM'S FILM GRANT | 64. | | 468,435. | | |
| | | | | | |
| 3 JOY OF GIVING SOMETHING | 5. | | 35,000. | | |
| 4 KEEP NY CREATING GRANT | 38. | | 43,500. | | |
| 5 MAURICE SENDAK EMERGENCY RELEIF GRANT | 14. | | 23,597. | | |
| 6 TRI-STATE EMERGENCY RELEIF FUND | 333. | | 666,000. | | |
| 7 HAMPTON ARTISTS RELEIF GRANT | 83. | | 166,000. | | |

Schedule I (Form 990) (2020)

Page 2

Schedule I (Form 990) (2020)

Part III Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" on Form 990, Part IV, line 22. Part III can be duplicated if additional space is needed.

| (a) Type of grant or assistance | (b) Number of recipients | (c) Amount of cash grant | (d) Amount of non-cash assistance | (e) Method of valuation (book, FMV, appraisal, other) | (f) Description of non-cash assistance |
|--|-----------------------------|--------------------------|-----------------------------------|--|--|
| ROBERT RAUSCHENBERG MEDICAL EMERGENCY RELEIF GRANT | 233. | | 894,958. | | |
| KODENI KROSCHENDERG MEDICAL EMERGENCI KEDEIF GRANI | 255. | | 0,9,950. | | |
| 2 CANADIAN WOMEN'S CLUB OF NY | 1. | | 5,000. | | |
| J FISCAL SPONSORSHIP | 165. | | 3,317,211. | | |
| FISCAL SPONSONSHIP | 105. | | 5,517,211. | | |
| 4 | | | | | |
| 5 | | | | | |
| 6 | | | | | |
| | | | | | |
| 7 | | | | | |

SCHEDULE I, PART I, LINE 2

EACH NYFA GRANT PROGRAM HAS CRITERIA AND GUIDELINES THAT THE GRANT

RECIPIENT FOLLOWS. IN SOME CASES THAT REQUIRES PERIODIC REPORTS TO BE

SUBMITTED, AND OR SUPPORTING DOCUMENTATION FOR EXPENSES INCURRED.

| SCHEDULE J (Form 990) Compensation Information For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees | | | MB No. 7 | 1545-0 20 | 047 | | |
|--|---|--|---|-------------------------|--------|-------|---------|
| | | | on answered "Yes" on Form 990, Part IV, line 2 | 23. | pen to | o Puk | olic |
| | nent of the Treasury Revenue Service | | Attach to Form 990. 990 for instructions and the latest information. | | Insp | | |
| Name | of the organization | | | Employer identification | | | |
| NEW | YORK FOUN | DATION FOR THE ARTS INC. | | 23-7129564 | | | |
| Part | Question | ns Regarding Compensation | | | | | |
| 4 | | | | an listed on Farm | | Yes | No |
| 1a | | | ovided any of the following to or for a pers provide any relevant information regarding | | | | |
| | | ss or charter travel | Housing allowance or residence for | | | | |
| | | or companions | Payments for business use of perso | • | | | |
| | | emnification and gross-up payments | Health or social club dues or initiation | | | | |
| | | onary spending account | Personal services (such as maid, ch | | | | |
| b | If any of the | boxes on line 1a are checked, did th | me organization follow a written policy re | eqarding payment | | | |
| | | | penses described above? If "No," com | | 1b | | |
| 2 | Did the orga | anization require substantiation prior | to reimbursing or allowing expenses D/Executive Director, regarding the items | incurred by all | | | |
| | | | Security Director, regarding the items | | 2 | | |
| 2 | | | | | 2 | | |
| 3 | organization's | CEO/Executive Director. Check all that | on used to establish the compensation of at apply. Do not check any boxes for methor e CEO/Executive Director, but explain in P | ds used by a | | | |
| | X Comper | nsation committee | Written employment contract | | | | |
| | Indepen | dent compensation consultant | X Compensation survey or study | | | | |
| | X Form 99 | 00 of other organizations | X Approval by the board or compensa | tion committee | | | |
| 4 | | ar, did any person listed on Form 990, or a related organization: | Part VII, Section A, line 1a, with respect to | o the filing | | | |
| а | • | • | ayment? | | 4a | | Х |
| b | | | tal nonqualified retirement plan? | | 4b | | Х |
| с | Participate in | or receive payment from an equity-bas | sed compensation arrangement? | | 4c | | Х |
| | If "Yes" to an | y of lines 4a-c, list the persons and pr | rovide the applicable amounts for each it | em in Part III. | | | |
| | | | | | | | |
| _ | - | | rganizations must complete lines 5-9. | | | | |
| 5 | • | listed on Form 990, Part VII, Section contingent on the revenues of: | on A, line 1a, did the organization pa | ly or accrue any | | | |
| а | | | | | 5a | | X |
| b | - | - | • | | 5b | | X |
| ~ | | e 5a or 5b, describe in Part III. | | | | | |
| 6 | - | listed on Form 990, Part VII, Section contingent on the net earnings of: | on A, line 1a, did the organization pa | ly or accrue any | | | |
| а | - | | | | 6a | | Х |
| b | | | | | 6b | | Х |
| | - | e 6a or 6b, describe in Part III. | | | | | |
| 7 | For persons | listed on Form 990, Part VII, Sectio | n A, line 1a, did the organization prov | ide any nonfixed | | | |
| | payments not | described on lines 5 and 6? If "Yes," de | escribe in Part III | | 7 | | X |
| 8 | | | paid or accrued pursuant to a contract the | | | | |
| | | | Regulations section 53.4958-4(a)(3)? If | | | | |
| _ | | | | | 8 | | X |
| 9 | | | low the rebuttable presumption proced | | - | | |
| | | ection 53.4958-6(c)? | | | 9 | | 0) 2020 |

For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule J (Form 990) 2020

Schedule J (Form 990) 2020

Page 2

Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use duplicate copies if additional space is needed.

For each individual whose compensation must be reported on Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii). Do not list any individuals that aren't listed on Form 990, Part VII.

Note: The sum of columns (B)(i)-(iii) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual.

| | | (B) Breakdown o | f W-2 and/or 1099-MI | SC compensation | (C) Retirement and | (D) Nontaxable | (E) Total of columns | (F) Compensation |
|---------------------|------|--------------------------|--|--|--------------------------------|----------------|----------------------|--|
| (A) Name and Title | | (i) Base compensation | (ii) Bonus & incentive compensation | (iii) Other reportable compensation | other deferred compensation | benefits | (B)(i)-(D) | in column (B) reported as deferred on prior Form 990 |
| MICHAEL L. ROYCE | (i) | 373,307. | 0. | 0. | 5,507. | 9,896. | 388,710. | |
| 1EXECUTIVE DIRECTOR | (ii) | 0. | 0. | 0. | 0. | 0. | 0. | |
| | (i) | | | | | | | |
| 2 | (ii) | | | | | | | |
| | (i) | | | | | | | |
| 3 | (ii) | | | | | | | |
| | (i) | | | | | | | |
| 4 | (ii) | | | | | | | |
| | (i) | | | | | | | |
| 5 | (ii) | | | | | | | |
| | (i) | | | | | | | |
| 6 | (ii) | | | | | | | |
| | (i) | | | | | | | |
| 7 | (ii) | | | | | | | |
| | (i) | | | | | | | |
| 8 | (ii) | | | | | | | |
| | (i) | | | | | | | |
| 9 | (ii) | | | | | | | |
| | (i) | | | | | | | |
| 10 | (ii) | | | | | | | |
| | (i) | | | | | | | |
| 11 | (ii) | | | | | | | |
| | (i) | | | | | | | |
| 12 | (ii) | | | | | | | |
| | (i) | | | | | | | |
| 13 | (ii) | | | | | | | |
| | (i) | | | | | | | |
| 14 | (ii) | | | | | | | |
| | (i) | | | | | | | |
| 15 | (ii) | | | | | | | |
| | (i) | | | | | | | |
| 16 | (ii) | | | | | | | |

Schedule J (Form 990) 2020

Schedule J (Form 990) 2020

Part III Supplemental Information

Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II. Also complete this part for any additional information.

Page 3

SCHEDULE O (Form 990 or 990-EZ)

Department of the Treasury

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information. Attach to Form 990 or 990-EZ. Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990. OMB No. 1545-0047 211 **Open to Public** Inspection

Internal Revenue Service Name of the organization NEW YORK FOUNDATION FOR THE ARTS INC.

Employer identification number 23-7129564

FORM 990, PART VI, SECTION B, LINE 11B A DRAFT OF THE FORM 990 IS REVIEWED BY NYFA'S FINANCE COMMITTEE BEFORE BEING FINALIZED. THE COMMITTEE DISCUSSES ANY ISSUES FOUND DURING THE REVIEW OF THE 990 WITH THE AUDITORS.

FORM 990, PART VI, SECTION B, LINE 12C

ON AN ANNUAL BASIS ALL BOARD MEMBERS ARE REQUIRED TO FILL OUT A CONFLICT OF INTEREST STATEMENT AND DISCLOSE ANY POTENTIAL CONFLICTS. IF POTENTIAL CONFLICTS EXIST, THEY ARE BROUGHT TO THE FULL BOARD, OR THE NOMINATING AND GOVERNANCE COMMITTEE, FOR REVIEW AND RESOLUTION.

FORM 990, PART VI, SECTION B, LINE 15A

COMPENSATION OF THE EXECUTIVE DIRECTOR IS REVIEWED AND SET BY THE COMPENSATION COMMITTEE, CONSISTING OF THE BOARD CHAIR, THE TREASURER, THE CHAIR OR CO-CHAIRS OF THE NOMINATING AND GOVERNANCE COMMITTEE, AND ONE ADDITIONAL DIRECTOR APPOINTED BY THE BOARD. THIS GROUP RESEARCHES REPORTS AND SURVEYS ON SALARIES AGAINST CEOS OF NOT FOR PROFITS WITH SIMILAR MISSIONS, BUDGET SIZES AND GEOGRAPHY, AND CONTRASTS THESE SALARIES AGAINST THOSE LISTED ON WEBSITES SUCH AS GUIDESTAR, TO DETERMINE AN APPROPRIATE COMPENSATION FOR THE EXECUTIVE DIRECTOR. THIS WAS LAST DONE AUGUST 18, 2020.

FORM 990, PART VI, SECTION C, LINE 19 NYFA POSTS ITS MOST RECENT AUDITED FINANCIALS ON ITS WEBSITE FOR

| Schedule O (Form 990 or 990-EZ) 2020 | Page |
|---------------------------------------|--------------------------------|
| Name of the organization | Employer identification number |
| NEW YORK FOUNDATION FOR THE ARTS INC. | 23-7129564 |

PUBLIC VIEW. ALL OTHER DOCUMENTS ARE MADE AVAILABLE UPON REQUEST.

FORM 990, PART III, LINE 1 - ORGANIZATION'S MISSION

THE NEW YORK FOUNDATION FOR THE ARTS' (NYFA) MISSION IS TO EMPOWER ARTISTS AT CRITICAL STAGES IN THEIR CREATIVE LIVES. NYFA ACCOMPLISHES THIS BY OFFERING FINANCIAL ASSISTANCE AND INFORMATION TO ARTISTS AND ORGANIZATIONS THAT DIRECTLY SERVE ARTISTS, BY SUPPORTING ARTS PROGRAMMING IN THE COMMUNITY, AND BY BUILDING COLLABORATIVE RELATIONSHIPS WITH OTHERS WHO ADVOCATE FOR THE ARTS IN NEW YORK STATE AND THROUGHOUT THE COUNTRY. EACH YEAR NYFA AWARDS \$1 MILLION PLUS TO INDIVIDUAL ARTISTS THROUGH ITS FELLOWSHIP AND OTHER GRANTING PROGRAMS. NYFA'S LEARNING PROGRAMS SERVE THOUSANDS OF ARTISTS THROUGH WORKSHOPS, PANEL DISCUSSIONS, AND INDIVIDUAL MENTORING ON TOPICS RANGING FROM GRANT WRITING AND BUDGETING TO CREATING AN ARTIST PORTFOLIO AND AUDIENCE DEVELOPMENT. THE FISCAL SPONSORSHIP PROGRAM IS ONE OF THE LARGEST AND MOST ESTABLISHED IN THE COUNTRY AND HELPS ARTISTS AND EMERGING ARTS ORGANIZATIONS RAISE AND MANAGE OVER \$3 MILLION ANNUALLY. SINCE THE START OF THE COVID19 PANDEMIC NYFA HAS PROVIDED OVER \$5 MILLION IN EMERGENCY AND MEDICAL RELIEF GRANTS TO ARTISTS.

| FORM 990, PART III, LINE 4D - OTHER PROGRAM SERVICE | ES | ATTACHMENT 2 | 2 |
|---|--------|--------------|---------|
| DESCRIPTION | GRANTS | EXPENSES | REVENUE |
| NYFA LEARNING OFFERS A VARIETY OF PROFESSIONAL | | 360,997. | |
| DEVELOPMENT INDIVIDUAL ARTISTS AND EMERGING ARTS | | | |
| ORGANIZATION SERVICES HUNDREDS OF ARTISTS A YEAR | | | |
| | | | |

Schedule O (Form 990 or 990-EZ) 2020

ATTACHMENT 1

| Schedule O (Form 990 or 990-EZ) 2020 | | | Page 2 |
|--|------------|-------------------------|---------------|
| Name of the organization | | Employer identification | number |
| NEW YORK FOUNDATION FOR THE ARTS INC. | | 23-7129564 | |
| FORM 990, PART III, LINE 4D - OTHER PROGRAM SERVICES | 3 | ATTACHMENT 2 | (CONT'D) |
| DESCRIPTION | GRANTS | EXPENSES | REVENUE |
| BY PROVIDING ENCHANCE ART ADMINISTRATION AND | | | |
| BUSINESS SKILLS, ENTREPRENEURSHIP, AND OTHER | | | |
| RESOURCES TO HELP ART PROFESSIONAL DEVELOPMENT. | | | |
| NEW YORK WOMEN'S FUND | 468,435. | 509,638. | |
| OTHER PROGRAMS | 2,015,265. | 2,066,088. | |
| TOTALS | 2,483,700. | 2,936,723. | |

ATTACHMENT 3

990, PART VII- COMPENSATION OF THE FIVE HIGHEST PAID IND. CONTRACTORS

| NAME AND ADDRESS | DESCRIPTION OF SERVICES | COMPENSATION |
|--|-------------------------|--------------|
| MANGO CONCEPT LLC 99 WALL STREET, #2779 | WEBSITE DEVELOPMENT | 110,890. |
| NEW YORK, NY 10005 | | |

Schedule O (Form 990 or 990-EZ) 2020